

RUBIE'S COSTUME COMPANY (CANADA)
2710 14TH AVENUE,
MARKHAM, ONTARIO
L3R 0J1

TELEPHONE: 905-470-0300

FAX: 905-470-0301

DATE: _____

RUBIE'S CUSTOMER ACCOUNT # _____

COMPANY NAME: _____

CARDHOLDERS NAME: _____

(MUST BE SAME AS PRINCIPAL OF BUSINESS)

VISA / MASTERCARD # _____

EXPIRATION DATE: _____

AUTHORIZATION # _____

AUTHORIZATION TO USE GIVEN BY PHONE _____ WRITING _____

<u>Invoice/Order #</u>	<u>Amount \$</u>	<u>Invoice/Order #</u>	<u>Amount \$</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT OF PAYMENT: _____

I, HEREBY AUTHORIZE RUBIE'S COSTUME COMPANY (CANADA) TO USE MY VISA/MASTERCARD TO PAY THE ABOVE INVOICE/ORDER #(S).

SIGNED ON THIS _____ DAY OF _____, 2011

(SIGNATURE)

(PLEASE PRINT NAME)