



STRATACO
MANAGEMENT LTD.

#101 – 4126 Norland Ave., Burnaby, BC, V5G 3S8 Phone: (604) 294-4141

CREDIT CARD AUTHORIZATION FORM

Date: _____

Name: _____

Phone #: _____

I, _____ (cardholders name) authorize Strataco Management Ltd.

to charge, \$_____. To the following credit card:

Visa

MasterCard

Card #: _____

Expiry Date: _____

CCV Security Code _____

Name as appears on card: _____
(please print clearly)

Cardholders Signature: _____

Documents Ordered:

**PLEASE SIGN AND FAX BACK TO STRATACO MANAGEMENT LTD.
FAX: 604-298-2044**