



CREDIT CARD PAYMENT AUTHORIZATION FORM

If you wish to pay by credit card, please complete the following form. You must complete all sections and sign the form. We will send you your credit card receipt once it has been processed.

NOTE: Charges will be applied to your credit card and show on your statement under the name of – MC Tech Inc.

Please complete all sections as they appear on your credit card

Name (as it appears on your card): _____
Address (as it appears on your credit card bill): _____
City: _____ Province/State _____ Postal Code: _____
Card Type: Visa: _____ Master Card: _____
Account Number: _____
Expiry Date: _____ 3 digit security code from back of card _____ Month/year
Total amount of sale charged to card in Canadian Funds: \$ _____
Authorized Signature: _____ Date: _____

MC Tech Inc.

169-762 Upper James St.
Hamilton, ON L9C 3A2

PH: 905-902-0985 Fax: 905-389-3096

Email: info@mctech.ca

Office Use Only

Date Received: _____ Date Processed: _____ Entered By: _____
Approved: _____ Authorization #: _____ Declined: _____