

## Credit Card Form

**Attention** | \_\_\_\_\_

\*(Please sign and fax back to: 905-475-3016)

**Date** | \_\_\_\_\_

This is to authorize Trimark Sportswear Group to debit my/our credit card(s) listed below to pay outstanding invoices under A/C# \_\_\_\_\_ as they come due.

Customer Name | \_\_\_\_\_

Address | \_\_\_\_\_

City | \_\_\_\_\_ Province | \_\_\_\_\_ Postal Code | \_\_\_\_\_



Card # | \_\_\_\_\_ Expiry Date | \_\_\_\_\_

Card Holder | \_\_\_\_\_



Card # | \_\_\_\_\_ Expiry Date | \_\_\_\_\_

Card Holder | \_\_\_\_\_

\_\_\_\_\_  
**CARDHOLDER'S TITLE/POSITION IN COMPANY**

\_\_\_\_\_  
**CARDHOLDER'S SIGNATURE**