

Fax to: 905 640 5038

## **Elite Permits Inc**

100 Ringwood Dr Unit 12 Stouffville, ON L4A 1A9 (905) 640-5000 FX: (905) 640-5038

## **Credit card Authorization form:**

l,	of		_(company name)	authorize
Elite Permits	to use the provide	ed card to pay for inv	oices:	
	((	can provide invoice r	number).	
Card Type:	MASTERCARD	VISA		
Card Holder	's Name:			
Card Numbe	er:			
Expiry Date:		3 Digit CODE:		
Address Ass	ociated with card:			
When providin	g card information I a	Iso agree to have my nu	mber kept on account	for the
processing of a	all invoices resulting in	the application for perm	mits until such card nu	mber is
updated.				

OR

Call with all information 905-640-5000