



GOOD DOG DIGITAL o/b 8752311 CANADA INC. CREDIT CARD AUTHORIZATION

CUSTOMER AND PAYMENT INFORMATION	
Customer Name: _____	Contact Name: _____
Email: _____	Phone: _____
Deposit Contract #: _____ Amount: _____	Payment of the Invoice / Contract Invoice #: _____ Amount: _____

CREDIT CARD INFORMATION		
Card Holder Name: _____		
Billing Address of the Card: _____		
City: _____	Province: _____	Postal Code: _____
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card Number: _____ EXP (MM/YY) _____		
3 digit CVV: _____		

SIGNATURE	
By signing this agreement, I declare that the information provided above is true and accurate. I authorize the company to charge this amount to my credit card.	
X _____ Cardholder Signature	Date: _____