



FORESEESON TECHNOLOGY INC

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CREDIT CARD AUTHORIZATION FORM

Complete the form and **fax to 604-233-0248** or e-mail to: insidesales@foreseeson.com

Company: _____

Contact Name: _____

Address: _____

Tel: _____

Fax: _____

E-Mail: _____

I authorize Foreseeson Technology Inc. to charge my credit card for the following product and service. If this is a recurring fee, I will also authorize my credit card to be charged for each purchase order without notice.

Product: _____

Service: _____

P/O# _____ Amount: _____ (including tax)

Payment Plan: One-time charge _____ Recurring charge by P/O _____

Credit Card: Visa: _____ MasterCard: _____

CreditCard#: _____
(please print in large print and clearly)

Expiry Date: _____

Name on Card: _____

Cardholder Signature: _____

Date: _____