

**Complete the information below to authorize  
APD PRINTING INC.  
To withdraw from the specified credit account  
AND FAX IT BACK TO: (905) 878-0116**

I, \_\_\_\_\_  
representing \_\_\_\_\_ (company)

hereby permit APD Printing Inc. to charge any monies owing by the above company to the following credit card:

Card No. \_\_\_\_\_

MASTERCARD

Security Code: (3 digits - on back) \_\_\_\_\_

VISA

Signature: \_\_\_\_\_

**EXPIRY DATE**

Name of cardholder: \_\_\_\_\_

\_\_\_\_\_  
/\_\_\_\_\_  
MM / YY

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No. where cardholder can be reached: \_\_\_\_\_

This shall be your good and sufficient authority for doing so.

Thanks

Blanca de Perez  
Credit