

**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

VISA

AMEX

Signature: _____

EXPIRY DATE

Name of cardholder: _____

/_____
MM / YY

Home Address: _____

Phone No. where cardholder can be reached: _____

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

Thanks

Blanca de Perez
Credit