



CREDIT CARD AUTHORIZATION FOR PAYMENT OF ORDERS AND ACCOUNT

BLANKET COVERAGE

The undersigned agrees that they will be responsible for all charges to their account with JKL Micro Distribution Inc. The undersigned will be required to pay in full all orders prior to shipping (in the case of COD's) or (all invoices issued to them) via Credit Card.

This agreement is considered BLANKET COVERAGE.

Company Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Phone # _____ JKL Dealer # _____

Card Holder Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Phone # _____ JKL Dealer # _____

I _____ representing the Company of _____ authorizes JKL Micro Distribution Inc., Kingston, Ontario to run the below mentioned Credit Card for Payment of my Account.

Visa # _____ Expiry Date _____

Bank Address _____ Phone # _____

MasterCard # _____ Expiry Date _____

Bank Address _____ Phone # _____

I AUTHORIZE JKL MICRO DISTRIBUTION INC. TO CONTACT THE BANK(S) NOTED TO VERIFY THE CARD(S) LISTED.

Authorized Signature of Card Holder _____ Signature

(Please print name)

PLEASE FAX BACK YOUR COMPLETED FORM TO JKL MICRO DISTRIBUTION INC. (613) 384-8981

For more information call : (613) 384-8980

