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CREDIT CARD AUTHORIZATION FORM

Please complete each field, sign and fax to:
 (705) 742-0178
 Thank you!

Card Choice (circle one)	VISA or MASTERCARD
Credit Card #	
Cardholder Name	
Company Name on Card (if applicable)	
Cardholder Address	
Card Expiry Date	
Name of Bank Issuing Credit Card	
Phone # of Bank Issuing Credit Card	
Dollar Amount	
Description of payment ie. Invoice #, Sales Order # <u>OR</u> if this is a "blanket application" please indicate for what time period this card number may be used	

I, _____, authorize KADEX Aero Supply Ltd. to process
 (please print name)
 payment on credit card according to the details listed above.

Signed _____

Date _____