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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) – AMEX not accepted	VISA OR MASTERCARD
Credit Card #	
Credit Card Expiry	
Cardholder Name on Card (if applicable)	
Company Name on Card (if applicable)	
Cardholder Address	
Name of Bank issuing Credit Card	
Phone # of Bank issuing Credit Card	
Dollar Amount	
Description of Payment: Purchase Order, Sales Order or “blanket” form	

**Additional charges may applicable for cores, exchanges and/or shipping charges.**

I, \_\_\_\_\_, authorize KADEX Aero Supply Ltd to process payment on credit card according to the description listed above, which may include any additional charges.

Signed \_\_\_\_\_

Date \_\_\_\_\_