

MICROCEL BUSINESS AGREEMENT

MasterCard/Visa/American Express Purchase Program

Authorization Form

Dealer Name		
Dealer Address		
City	Province	Postal Code
Telephone	Fax	

Mastercard#	Expiry Date	Card Limit Amount
Name on the Card	Authorized Signature on Card	

Visa #	Expiry Date	Card Limit Amount
Name on the Card	Authorized Signature on Card	

American Express #	Expiry Date	Card Limit Amount
Name on the Card	Authorized Signature on Card	

*Application must include an imprint of the above Credit Card(s).

ADDITIONAL STAFF WHO WE HAVE AUTHORIZED TO PURCHASE USING THE ABOVE CREDITCARD(S).

Print Name	Signatures

Conditions:

All purchases are considered final once product is shipped from Microcel Warehouse.

All fax orders must contain P.O. and credit card authorization cover sheet.

Authorized Microcel Business Agreement must be on file in our office.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I ACCEPT FULL RESPONSIBILITY FOR ORDERS SIGNED BY THE ABOVE STAFF.

SIGNED: _____ **DATE:** _____

08/01/2008

