



Credit Card Payment Authorization

FAX TO: 905-479-6696 or Email to: sales@avantisports.net

Cardholder Full Name: _____

Company _____

Billing Address _____

Check One: Mastercard Visa Amex

Credit Card Number:

Expiration date: _____ / _____ Card Security Code* _____

* This is the last 3-digits on the back of your card.

I hereby authorize Avanti Sports Group Inc., to charge \$ _____

Canadian Dollars to my credit card noted above.

Signature _____ Date _____

Please include a copy of the credit card front & back.