

Credit Card Authorization



I, _____ hereby authorize City Spring Ltd. to charge my
credit card # _____ expiry date _____.

3 Digit Code from back of card _____

_____ Visa _____ MasterCard

Date _____ Signature _____

This Credit Card is to pay for purchases made by _____ (Company Name)
as authorized by the signor above.

Address: _____ Shipping Instructions: _____

It is the purchaser's responsibility to advise City Spring of any changes before the purchase is made so there is adequate time to have the changes made to the cash account and so the parts/service can be supplied on time.

3260 Parsons Road, Edmonton, Alberta T6N 1B3 • www.cityspring.com • info@cityspring.com
(780) 463-4291 1-800-661-3843 Fax (780) 461-3460 Toll Free Fax 1-888-219-0454

Fill this form out and fax it to us at (780) 461-3460