



CREDIT CARD TRANSACTION REQUEST

Customer Name: _____

Order #: _____

Purchase Order #: _____

Description of Goods: _____

Card Type: VISA ___ Mastercard ___ American Express ___

Card #: _____

3 Digit Validation Code: _____ (on reverse side of card)

Expiry Date: _____ (MM/YY)

Name on Card: _____

Amount (CDN \$): _____

Transaction Date: _____

Card Holder's Signature: _____

Cardholder will pay the total amount shown to the card issuer according to the cardholder agreement with the card issuer.

Sales are subject to Sycor Technology Inc. terms and conditions of sale which are available on our web site www.sycor.com or from your sales representative. Credit Card sales are paid in advance of shipping unless otherwise stated.

Please fax back to Accounts Receivable 905-821-7260 or email to dwood@sycor.com.

An official transaction receipt will be mailed with the invoice or emailed to: _____.