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**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](http://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](mailto:dwood@sycor.com).

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