



Power Plus Mobility

Credit Card Payment Form

Customer No. / Customer Name: _____ / _____

Invoice No.(s)	000050_____	000050_____
	000050_____	000050_____
	000050_____	000050_____
	000050_____	000050_____
	000050_____	000050_____

Total Amount: \$ _____

We accept Discover, Mastercard, Visa, Diners Club International & Interact

Card No.

Expiry Date: ___ / ___

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Request Receipt: Yes No

Email Address: _____

Authorized Payments by: _____
(please print name)

Signature: _____

Date: _____

***** Please fax this form to 905.614.0435**