



HEAVYSPEC Equipment

"SOLUTIONS FOR HARSH ENVIRONMENTS"

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ATTACHMENTS-EQUIPMENT-SUPPLIES

CREDIT CARD PAYMENT AUTHORIZATION

Note that all fields with an asterisk (*) are required.

*CARD NUMBER: _____

*EXPIRATION: _____ * CSV CODE _____

*CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

*CARDHOLDER NAME: _____

*COMPANY NAME: _____

*BILLING ADDRESS: _____

CITY: _____ STATE/PROVINCE _____

*ZIP/POSTAL CODE: _____

PHONE # _____ FAX # _____

DO YOU REQUIRE A RECEIPT? YES NO

BY FAX BY MAIL BY EMAIL _____

INVOICE #	AMOUNT	INVOICE #	AMOUNT

TOTAL AMOUNT TO BE CHARGED TO CREDIT CARD \$ _____

I AUTHORIZE ACE GROUP LLC TO CHARGE THE ABOVE AMOUNT TO MY CREDIT CARD.

*AUTHORIZED SIGNATURE X _____

PLEASE FAX AUTHORIZATION FORM TO 1-888-310-2185