



NATIONAL SECURITIES ADMINISTRATORS LTD.
760 – 777 Hornby Street, Vancouver, BC, V6Z 1S4
Tel: 604-559-8880 Fax: 604-559-8908
Email: info@transferagent.ca
Web: www.transferagent.ca

Credit Card Authorization Form

Date: _____ Invoice Number/s: _____

Customer/Company Name: _____

I am a Director, Officer, Employee or Other (Specify) _____ of the above named company, or an individual.

Credit Card Information

If you are paying on behalf of the company, the credit card you are using **MUST** be a company credit card or the personal card of an owner, principal or officer of the company.

Credit Card Type Visa Master Card AMEX

Card Number: _____ Expiration date: _____ (MM/YY)

Card Holder Name(As written on card) _____ CVV _____

Card Holder Billing Address _____

I hereby authorize National Securities Administrators Ltd. to charge my credit card in the amount of up to \$ _____ in Canadian funds.

The credit card transaction shall not exceed the amount listed above without written authorization from the cardholder.

Cardholder Signature

Date Signed