

STRIKE

ALARMS & SECURITY

5998 Sawmill Road, Oliver, BC
250-485-4366

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

I, _____, authorized **Strike Alarms and Security Ltd.** to charge my credit card below for the agreed monthly fees. I understand that my information will be saved on file for future transactions on my account. I understand my credit card will only be ran on authorized charges unless otherwise agreed upon.

Agreed Monthly Fees: \$ _____ Plus Tax

Signature

Date

Please **email** this form back to marnee@strikealarms.ca or Fax to 778-439-2168

Credit Card Information

Card Type: Master Card Visa

Cardholder Name (on card): _____

Card Number: _____

Expiry Date: _____ / _____

3 Numbers on back - CVV _____

Address associated with card: _____

Postal Code: _____

Once this information is input into to our system, it will be destroyed.