

Credit Card Authorization

CUSTOMER INFORMATION

Company Name: _____

Address: _____

_____ (City) _____ (Province) _____ (Postal Code)

Tel: _____ Fax: _____

Contact: _____

CREDIT CARD INFORMATION

Card Type: Visa

Mastercard

Card #: _____

Expiration Date: _____ Security Code: _____

Name of Cardholder: _____

Billing Address: _____

_____ (City) _____ (Province) _____ (Postal Code)

AUTHORIZATION

I, _____, hereby authorize Superlink Communication & Printing Inc.
(Cardholder's Name)

to charge my credit card specified above for the amount of \$ _____ for the
services or purchases from Superlink.

CARDHOLDER'S SIGNATURE

DATE