

**UPPER CANADA MARINE**  
**Credit Card Payment Authorization**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_

**Credit Card Type: (Circle one):      VISA      Mastercard**

Card # \_\_\_\_\_

CID (3 digits on

Expiry Date: \_\_\_\_\_

back of card): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's \_\_\_\_\_

Signature: \_\_\_\_\_

***This form may be mailed, faxed (705.778.6111) or  
scanned & emailed to: [angie@uppercanadamarine.com](mailto:angie@uppercanadamarine.com)***