



- PLEASE PRINT -

Contact: 1- 905 - 804 - 9111  
Toll Free 1 888 - 683 - 5226

CREDIT CARD AUTHORIZATION Fax to Telcan at: 1- 905 - 804 - 9888

Personal Info	First Name		Last Name		
	Company Name				
	Address		State/Province	ZIP/Postal Code	
	City		Country		
	Phone Number (include area codes):		Fax Number (include area codes):		
	Email Address				

Account	User ID/ Client Number	CR0150	Total weekly Credit Limit (\$)	
	Service			
<input type="checkbox"/> Toll Free <input type="checkbox"/> Call Back <input type="checkbox"/> Dial Around				
Total weekly limit will be distributed evenly between numbers unless otherwise specified				

Billing Info	Credit Card Type				
	<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express				
	Credit Card Number		Expiration Date	month	year
	Exact Name Printed on Card				
	Issuing Bank Name		Bank Phone Number		
	Credit Card Billing Address		State/Province	ZIP/Postal Code	
City		Country			

Authorization	Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement and authorize Telcan to open an account in my (our) name and agree to pay, and specifically authorize Telcan to debit my credit card, for the telephone services provided. Telcan will provide me with an itemized monthly statement detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will provide Telcan with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Telcan.
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**Important:** Please submit a copy of the page reflecting your card number/checking account number from your recent credit card statement with this form, as well as a photocopy of the back of your credit card. Please block out your three digit security code.

Signature	Printed Name		Date
	Signature		For Office use only

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Due to the overwhelming number of authorization forms, all forms submitted will take 1 to 2 business days to process