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53132-9107
Toll-Free: 1-866-802-2404
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CREDIT CARD AUTHORIZATION FORM

I, _____
(credit card holder name)

of company

authorize CVTech-AAB Inc.
to withdraw my credit card
Mastercard or Visa
which number is

expiry date _____
any transactions (bill or credit)
destinated to the undersigned
hereby.

I undertake to inform
CVTech-AAB Inc.
of any future changes regarding
this form.

(cardholder name signature)

Signed this ____ day of _____, 20____ at _____

www.cvttech-aab.com

**PLEASE PRINT AND FAX BACK TO 418-335-5613 (CANADA)
1-866-418-4786 (USA)**