



## Padlock Experts

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## PAYMENT AUTHORIZATION FORM

I hereby certify that I, \_\_\_\_\_, authorize the company 'Padlock Experts'  
to withdraw the following amount from my credit card:

VISA  
MASTERCARD

DATE mm/dd/yyyy

CREDIT CARD HOLDER NAME

PHONE / EMAIL

TOTAL AMOUNT

INVOICE #

CREDIT CARD NUMBER

FINANCIAL INSTITUTION  
ISSUING THE CARD

EXPIRATION mm/yy

SECURITY CODE  
on the back

Billing adress

Shipping adress (if different)

SIGNATURE \_\_\_\_\_

NB: A photocopy of the credit card is required to verify that you are the cardholder. Be assured  
that these measures are for the protection of your personal information to prevent fraud.