



Sector Nine Distribution Limited
 10-8707 Dufferin, Suite 415
 Thornhill, ON L4J 0A6
 Tel: (888) 666-1307 Fax: (416) 981-3071

CREDIT CARD SALES AUTHORIZATION

Credit Card Authorization

CREDIT CARD TYPE

Visa Master Card

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CVD (Last 3 or 4 digits printed after the credit card number on the signature line)

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EXPIRY DATE

PRINT NAME ON CARD (exactly as it appears on card)

Bill To: (Credit Card Statement Billing Address)

NAME

CREDIT CARD BILLING ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

PHONE NUMBER

Agreement

I hereby authorize "SECTOR NINE DISTRIBUTION LTD ("SECTOR 9")" to charge the above-mentioned credit card, or any replacement credit card or credit device that I may provide to SECTOR 9, for the full amount of any and all purchases placed, ordered or requisitioned by me from time to time directly or indirectly through my agents and employees. I authorize SECTOR 9 to retain such credit card information on file for this purpose.

Signature

SIGNATURE OF CARD HOLDER

PRINT NAME