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Credit Card Authorization Form

Please complete this form and forward to Janice Wyman via fax at (613)445-2800 or scan and e-mail to janwyman@pureshare.com along with a copy of the front and back of your Credit Card.

Your information will be held in strict confidence.

In lieu of my credit card imprint, I _____
Name as it appears on Credit Card

hereby authorize PureShare, Inc. to charge my VISA in the amount of
\$_____USD

Credit Card # _____ Exp. Date: ___/___/___

Credit Card Billing Address _____

Card Holder Signature: _____ Date: _____