



Credit Card Authorization Form

FAX#: 1.888.222.0559

Date: _____

Please complete the information as requested below and return to i³ International Inc. by fax: 416.261.8406.

By signing below I, (print name) _____, understand that this form will be filed as my signature authorization for all payments made to i³ International Inc. for purchases made by (company name) _____ using a credit card referenced below. I also acknowledge and authorize that this form may be used in reference to more than one credit card payment.

Credit Card Information:

Type of Credit Card (Circle): Visa MasterCard

Credit Card Number: _____

Expiry Date: _____

Cardholder's Name: _____

Signature of Cardholder: _____

For purchases above, please photocopy the front and back of the credit card being used and attached it with this form.

Thank you,

i³ International Inc.