



## Credit Card Charge Form

Reference Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Credit Card Type:   

*Please check one*

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Security Code: \_\_\_\_\_

I hereby accept I am allowing Activation Laboratories Ltd. to charge my credit card for the above amount.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Please fax back to 905 648 9613 or scan and email the completed form including signature)*