

Toll Free: **1-877-778-1122**

Fax: **1-888-898-2067**



C A M E R A S

www.keeneye.com

10709 – 84 Avenue Edmonton, Alberta T6E 5N5

phone: (780) 988-5900 email: kelly@keeneye.com

## Credit Card Authorization

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I, \_\_\_\_\_, representing \_\_\_\_\_ hereby authorize Keen Eye Productions Inc. to charge my credit card for the amount of \$\_\_\_\_\_ CDN.

( Rate conversions are based on the rate at the time of booking using  
<http://www.bankofcanada.ca/en/rates/converter.html> )

VISA     Mastercard     American Express

**Credit card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_/\_\_\_\_

**VID Code:** \_\_\_\_\_

### Billing address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Contact name: \_\_\_\_\_

\_\_\_\_\_  
**Cardholder's signature**

\_\_\_\_\_  
Date

As the credit card holder, I also authorize Keen Eye Productions Inc. to charge my credit card for future payments verbally (ie: by phone) approved by me.

Authorization valid until: \_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

*Keen Eye Productions Inc. keeps all information on this form strictly confidential.*

**Please fax completed form back to office.**

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