



Career Cruising
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Credit Card Authorization Form

CARD HOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____

State/Prov: _____

Zip/PC: _____

Email Address: _____

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard

Card Number: _____ Expiry Date: (MM/YYYY) _____

Card Identification Number (CVV2 Code): _____

I, _____ authorize CAREER CRUISING to process a charge
against my credit card account in the amount of: USD CAD \$ _____
for the payment of invoice _____

Telephone Number: _____ Fax Number: _____

Print Name as it appears on Credit Card: _____

Signature: _____

Date: (MM/DD/YYYY) _____

Note: Career Cruising does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.

Please email authorization form to: AR@careercruising.com