



Prodosec Inc
4795 Ste Catherine W
Suite 201
Westmount
Qc H3Z 1S8

FAX BACK TO 514-787-2030

Credit Card Authorisation

Customer Name	
Name on Card	
Billing Address	
City	
Province	
Postal Code	

Card Type

Card Number

Expiry CVV
Month Year 3 digit Number on back of card

I authorize the charge of telecommunications services to the above account.

_____ Signature of card holder