



90 Morton Ave. East, Unit 1-B  
Brantford, ON N3R 7H7  
Toll Free: 1-888-509-6658  
Fax: 519-751-3328  
[www.vbinc.ca](http://www.vbinc.ca)

**Please fill in the information as you receive your credit card statements**

Customer/Company Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I authorize Van Blanc Ent. Inc. to process my credit card in the amount of  
\$ \_\_\_\_\_ with applicable taxes.

One Time Payment Only

I hereby authorize to process payment on my Credit Card

Card Type \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_ (See code on back of your card)

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax to 519-751-3328 ATTN: PAUL E. LEBLANC

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