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# Credit Card Payment Form

Please ensure your card's billing address is accurate in order to validate your card to prevent delays in processing.

Company Name on Card: \_\_\_\_\_

Individual Name on Card: \_\_\_\_\_

Tel # for issuing Bank for Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Billing City for Card: \_\_\_\_\_

Billing State/Province and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Credit Card:      Visa       MasterCard       American Express

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

Expiration Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Invoice Number or Numbers \_\_\_\_\_

Date: \_\_\_\_\_

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

Authorized Name (printed): \_\_\_\_\_

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL AMOUNT upon proper presentation. I agree to pay such TOTAL AMOUNT (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card.

**PLEASE EMAIL BACK THIS FORM TO SENDER OR FAX TO  
613-632-2030 FOR PROCESSING**