

CREDIT CARD PAYMENT AUTHORIZATION FORM

Kirby Eades Gale Baker
Intellectual Property
100 Murray Street, Suite 500
Ottawa, ON K1N 0A1
P: 1-613-237-6900
F: 1-613-237-0045



ACCOUNT INFORMATION

Client Name: _____
Company: _____

Please apply this payment to:

- Retainer on Account, or:
 Kirby IP Invoice Number(s): _____

AUTHORIZATION

I hereby authorize **KIRBY EADES GALE BAKER** to debit my Credit Card identified below:

In the amount of \$ _____

CDN U.S. *

*U.S. payment only accepted
for Visa or MasterCard

Signed: _____

Date: _____

CREDIT CARD INFORMATION



VISA MASTERCARD AMEX

Credit Card Number: _____

Expiry Date: ____ / ____

Name on Card: _____

(Please Print)

Card Holder's Signature: _____

Please ensure that all requested information is provided and that all sections of this form have been completed. Please fax or mail the completed form to:

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