

## 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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