

CREDIT CARD PAYMENT AUTHORIZATION FORM

Kirby Eades Gale Baker

Intellectual Property
55 Murray Street, Suite 300 Ottawa, ON
K1N 5M3
P: 1-613-237-6900
F: 1-613-237-0045



ACCOUNT INFORMATION

Client Name: _____

Company: _____

Please apply this payment to:

Retainer on Account, or

KEGB Invoice Number(s): _____

AUTHORIZATION

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

in the amount of \$ _____ CAD USD *

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

Signed: _____

Date: _____

CREDIT CARD INFORMATION



Credit Card Number: _____ Expiry Date: ____ / ____

Credit Card CVV: _____

Country: _____ Postal Code\Zip Code: _____

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 email the completed form to:

accounts@kirbyip.com or fax it to: 1-613-237-0045.