



Credit Card Authorization Form

Today's Date: ____ / ____ / ____

I: _____

- ☐ As the Individual card holder, I hereby authorize this card to be used for the deposit required.
- ☐ As the company representative, I hereby authorize this card to be used for the deposit required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ Expiration Date ____ / ____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____

Fax Number: _____

Email: _____

Cardholder or Company Representatives Signature: _____

Date: ____ / ____ / ____

- ☐ I hereby authorize this card to be used for the future deposits and or final payment.

Please sign again for future authorization:

This Authorization can be faxed to (905) 669-7512 or Emailed to info@infinityassets.com

Auctioneers • Liquidators • Appraisers