



# stampede

*Expanding Your Resources*

Phone (905) 602-0888 Toll-free (888) 459-8181 Fax (905) 602-0777

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1200 Aerowood Drive, Unit 25 & 26 Mississauga, Ontario L4W – 2S7

I, \_\_\_\_\_ authorize Stampede Presentation

Products Inc. to bill my:  Visa  Master Card

Credit card number: \_\_\_\_\_

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

CCID # : \_\_\_\_\_

(3 digits on back upper right of signature for Visa/Mastercard)

In the amount of: \$ \_\_\_\_\_

For the purpose of: \_\_\_\_\_

This is a:  Personal  Business Credit Card.

Stampede Customer # \_\_\_\_\_

Customer Name : \_\_\_\_\_

Cardholder's Name as it appears on Credit Card \_\_\_\_\_

Billing Address for Cardholder

Street \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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