

Fire Busters Inc. Credit Card Payment Form

Please print this page and fill in all the requested information. Please fax completed form to Fire Busters at 604-599-4319. If you have any questions, please contact us 604-599-4499 or email us.

PLEASE NOTE: Name, Address & Postal Code MUST match EXACTLY as per credit card statement from your bank or financial institution.

Card Holder Name: _____

(Must be exactly as per credit card)

Address: _____

(Must be exactly as per credit card statement)

City: _____

Province: B.C Postal Code: _____

Phone: _____ FAX: _____

Payment to account of : _____

Payment Amount: \$ _____ Canadian Currency

Type of Credit Card: *Visa* or *Master Card*

Credit Card # _____

Expiry Date: _____

I Authorize Fire Busters Inc. to charge my credit card for the amount indicated above.

Signature of Card Holder

Date