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ISO 9001:2008

Date:	Company l	Name:
Phone:		Fax:
	Credit Cara	l Authorization Form
		_ authorize Iconopower Limited to charge the amount of (please check), plus applicable taxes to my credit card,
		any's purchase order #
Email for invoice: _		
Courier Name:		Acct #
Credit type Card: V	ISA Master Card	American Express (CDN Funds only)
Card Number:		Expiry Date:/ CVD:
Name that appears of	on card (Please print):	
I confirm that I am i	the authorized and legal	card holder (Owner) of this credit card
Card Holder's Signa	ature	
(Digital Signatures	NOT accepted)	
	OFFICE I	JSE ONLY
	Number #:	Date: Sales Order #: