

**MODERNE ELECTRONIQUE**  
 9365 Pascal Gagnon St-Leonard QC  
 H1P 1Z4 Canada  
**Fax 514 326-5582 Tel 514 326-4649**  
**CREDIT CARD PAYMENT FORM**

**CREDIT CARD INFORMATION**

Customer Name:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Credit Card Number	Expiration Date:
Name as it appears on Credit Card:	CVC2 Code
Payment Amount :	
Signature:	Date:

**CREDIT CARD BILLING ADDRESS**

Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:	Fax Number:	

**Ship To:**


Phone Number : \_\_\_\_\_

**ORDER INFORMATION**

Purchase Order (If Applicable):			
Qty	Part Number / Description	Unit Price	Extended Price
1			
1			
1			
		HST:	
		QST	
		Total:\$ <b>USD</b>	

\*\*\* For Office Use Only \*\*\*

<input type="checkbox"/> Approved	Approval Code _____	Date: _____
<input type="checkbox"/> Declined		