

CREDIT CARD AUTHORIZATION FORM

Please complete the following credit card authorization form and fax it back to 604.685.8870

Date: _____

I, _____ hereby authorize Global Model & Talent Inc.
(d/b/a **NEWIMAGE**) to charge my credit card for the following amount \$ _____

CREDIT CARD INFORMATION

VISA

MASTER CARD

AMEX

JCB

Card number: _____

Expiry Date : _____

Card Holder's Name: _____

Card Holder's Signature: _____

If you wish to receive a copy of your credit card transaction slip, please provide us with your mailing address or fax number:

Address: _____

Fax Number: _____

Date: _____ Payment: _____

Date: _____ Payment: _____

Date: _____ Payment: _____

Date: _____ Payment: _____

If you have any questions or concerns, please contact us at 604.685.8807 Thank you for your patronage