



**BioTouch Canada Permanent Makeup Inc.**

1108 – 750 West Broadway, Vancouver, BC, Canada V5Z 1H1

Tel (604) 873-3636 (866) 862-1002 Fax (604) 872-6669

Email: [info@biotouchcanada.com](mailto:info@biotouchcanada.com)

Website: [www.biotouchcanada.com](http://www.biotouchcanada.com)

## CREDIT CARD AUTHORIZATION FORM

**Fill out all information below, sign and fax/email to Biotouch Canada at  
(604) 872-6669/info@biotouchcanada.com**

### Card Holder Information

Card Type (check one):  Visa  MasterCard

Name (as appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiry Date: \_\_ \_\_ / \_\_ \_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

### Authorization

I, the designated cardholder of the above listed credit card, authorize Biotouch Canada to charge the amount on the order placed on \_\_\_\_\_ (dd/mm/yy) to the above listed card.

Signature of cardholder:

Date:

\_\_\_\_\_

\_\_\_\_\_

If you are a new customer, or you want us to deliver this order to a different address, please fill the receiver's information below:

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

Street Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Monday – Friday: 9:30am – 6:00pm