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Lethbridge, AB, Canada T1J0J6
www.infochip.com

Office: 1-877-747-2447
Sales/Orders Fax: 780-665-6218
icadmin@infochip.com

I _____ authorize **InfoChip Systems Inc.** to charge the credit card below
(PRINT NAME)

AMOUNT* \$ _____ USD/CAD (circle one) or OTHER CURRENCY: _____

*Actual amount will be determined by invoice total, and may include shipping charges if applicable.

*Foreign credit card transactions billed in currencies other than USD or CAD are subject to a 5% fee.

*Transactions in CAD or USD funds over \$10,000 are subject to a 2.5% fee.

CREDIT CARD TYPE: VISA M/C (circle one) ** We do not accept other credit cards at this time

CREDIT CARD # _____

EXPIRATION DATE _____

COMPANY NAME _____

INDIVIDUAL _____

BILLING ADDRESS _____

BILLING ZIP/POSTAL CODE _____

NAME ON CARD _____

(As it appears on card)

FAX TO:

InfoChip Systems Inc.

1-780-665-6218

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: _____
