



# CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize The Inspections Group Inc to debit your credit card.

CREDIT CARD INFORMATION	
Payment Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex	
Cardholder Name (as shown on card)	
Card Number	
Expiry Date	CVV#
Signature	Date
CONTACT INFORMATION	
Company Name or Owner Name	
Mailing Address	
City, Province and Postal Code	
Phone Number	

Email Address

I authorize The Inspections Group Inc to keep my information on file for future transactions

The personal information provided is collected under the Freedom of Information and Protection of the Privacy Act. The information is required and will be used for issuing permits and safety codes compliance verification and monitoring. If you have any questions about the collection or use of the personal information provided, please contact our office.

## The Inspections Group Inc.

12010 111 Avenue  
EDMONTON AB T5G 0E6  
Phone: 780 454 5048  
Fax: 780 454 5222

110, 4910 50 Avenue  
COLD LAKE AB T9M 0G1  
Phone: 780 594 4301  
Fax: 780 594 3720

2825 18 Avenue N  
LETHBRIDGE AB T1H 6T5  
Phone: 587 787 4143  
Fax: 587 787 4142