



Système Huntingdon Inc.
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PAYMENT BY CREDIT CARD

***Please note that we do not accept American Express**

QUOTE NUMBER: _____

PLEASE CHECK: VISA MASTER CARD

CARD NUMBER: _____

EXPIRATION DATE: _____

VERIFICATION CODE: _____
USA

AMOUNT: \$ _____
CDN

COMPANY NAME: _____

CARD HOLDER: _____

I authorize Système Huntingdon Inc. to charge my credit card.

SIGNATURE: _____

DATE: _____