



**BRTB Canada Inc.**  
45 Riviera Drive, Unit# 4  
Markham, Ontario  
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Tel: 905-475-8903  
Fax: 905-475-0157

I, \_\_\_\_\_ (please print full name),  
hereby authorize BRTB Canada Inc. to use the Credit card information  
indicated below for my purchase.

Credit Card Info

Credit Card: Visa / American Express (circle one)

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ ( MM/YY )

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_