

**SV OPTICAL INC.**  
9 CASTER AVE. UNIT # 3  
VAUGHAN, ON, L4L-5Z1  
TEL: (905) 265-0163  
FAX: (905) 265-1759

## CREDIT CARD AUTHORIZATION FORM

ACCOUNT NAME	ACCOUNT #

<b>CARDHOLDER NAME</b> (SAME AS PRINTED ON YOUR CARD)

VISA       MASTERCARD

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**CARD NUMBER**

<b>EXPIRY DATE</b>

<b>LAST 3 DIGIT ON BACK OF CREDIT CARD</b>		

THE CARD HOLDER HEREBY AUTHORIZES SV OPTICAL INC. TO DEBIT THE INDIVIDUAL CREDIT CARD ABOVE, ON THE DUE DATE OF INVOICES FOR ALL PURCHASES OF LENSES OR RELATED PRODUCTS INVOICED ON THE ACCOUNT.

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**CARDHOLDER SIGNATURE**

**DATE**