**Camilla Studio Inc.**

**Tel (905) 564-5434**

**info@camillastudio.com**

**Date:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice number/Purchase order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sales Person’s name from Camilla Studio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Whom It May Concern:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize Camilla Studio Inc to Charge**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my Visa / MasterCard /Discover or Apple Pay for the deposit of goods and Services received.**

**Any outstanding balance and shipping charges will be charged on top of this amount as per CSI company policy.**

**My credit card number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiry Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C.V. D. Number (last three or 4 digits under magnetic) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing address Postal Code / Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

Note: Goods cannot be released without this form completely filled out.