



Tel: 416-450-1824
E-mail: info@amatistaservices.com
www.amatistaservices.com

I hereby give **Amatista Professional Services** permission to charge expenses to my credit card as indicated below:

- VISA
- MASTERCARD
- AMERICAN EXPRESS

The total amount to be charged is: \$_____ + 13% HST*

The full name of the card holder: _____

The credit card number: _____

Expiration date: Month _____ Year _____

Company name (if applicable) _____

Address _____ Apt./Unit _____

City _____ Province _____ Postal Code _____

Telephone: _____ Fax: _____

Reason for giving permission:

Translation/Proofreading from _____ to _____
(Language) (Language)

Description of document(s) / Total of pages:

Signature of card holder

Date

*Note: 13% HST will not be charged to USD accounts.
Electronic signature is acceptable.