



I, _____,

authorize Humberview Motorsports (Humberview Inc.) to bill my:

Visa MasterCard AMEX

Credit card number: _____

Expiration Date: ____ / ____ CCID # : _____ (3 digits on back upper right of card)

In the amount of: \$ _____

For the purpose of: _____

This is a: Personal Business Credit Card.

Humberview Inc. Customer # (if available): _____

Customer Name : _____

Cardholder's Name as it appears on Credit Card:

Billing Address for Cardholder:

Street _____

City _____ Prov. _____ Postal Code _____

Authorized Signature : _____

Date : ____ / ____ / _____