



The Centre for Applied Genomics
 The Hospital for Sick Children
 MaRS Centre - East Tower
 101 College Street, Room 14-601
 Toronto, Ontario M5G 1L7, Canada
 Tel.: (416) 813-2146 Fax: (416) 813-8319
<http://www.tcag.ca>



Credit Card Payment Authorization Form

Instructions: Fax the completed and signed form to 416-813-8319.

Check one:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AME
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Credit Card #:

Exp. Date on Credit Card (mm/yr):

Name as appears on card:	PI Name:
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Company name on card (if applicable):

Credit card billing address:

City:	Province:	Postcode:
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Telephone Number:	Fax Number:
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Please fill in the last three-digit number (for VISA/Master card) or four digit number (for AMEX) appearing on signature panel:

Authorization is for :

Future orders	<input type="checkbox"/>
One time charge	<input type="checkbox"/> (State below the invoice # and total payment amount if it is available)

Invoice # :	Payment Amount:	\$
Invoice # :	Payment Amount:	\$
Invoice # :	Payment Amount:	\$
		Total:

I authorize TCAG to charge my credit card for payment of their services. If TCAG, is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

The charge will appear as “The Hospital for Sick Children” on your statement.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder:

Printed Name of Card Holder:

Date:

If you have any questions, please contact Julie Tomlinson Tel: 416-813-2146.