



Alternate Payer Form

I, _____ ID: _____, is paying
for _____ (Buyer) in the amount of
CAD \$ _____.

X _____ Date :

(Alternate Payer's Signature)

Address:

City, State and Zip Code:

Telephone & Facsimile Number:

Credit Card Number:

Bank Name:

Type of Credit Card:

Routing #:

Expiration Date:
Digits)

(ex. 9

Account #:

(ex. 10 Digits)

- Please attach your Credit Card Copies(Both Sides).