



Pulse Inc.
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APPROVAL FOR USE OF CREDIT CARD

Date _____

Company / Organization _____

I, _____

Hereby authorize Pulse Inc. to charge my card:

Visa **Mastercard**

In the Amount of \$ _____

Credit Card Number _____

Expiration Date _____

Name on Card _____

Invoice _____

Authorize Signature _____

Billing Address _____

City _____

Province / State _____

Postal Code / Zip _____

Country _____

Tel _____

Please return this form via fax to 1.888.819.6112