



TARGET INVESTIGATION & SECURITY LTD.

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CREDIT CARD AUTHORIZATION FORM

SHOW NAME: ISMRM 16th Scientific Meeting and Exhibition **DATES:** 3-9 May, 2008

I (WE) REQUIRE SECURITY AT MY (OUR) SHOW AS PER LISTED REQUIREMENTS:

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY REPRESENTATIVE _____ TITLE: _____

TELEPHONE: _____ SIGNATURE: _____

ALL CHARGES MUST BE PAID IN FULL AT LEAST ONE WEEK PRIOR TO MOVE-IN DATE

NO. OF HOURS	RATE	SUB TOTAL	GST 5%	TOTAL
	\$18.50 CDN			

CHEQUE (*PAYABLE TO TARGET INVESTIGATION & SECURITY LTD.*) OR CASH ENCLOSED FOR \$ _____

PLEASE CHARGE MY CREDIT CARD AS INDICATED BELOW:

PLEASE CHECK ONE: VISA ☐ MASTERCARD ☐ AMEX ☐

CARD NUMBER: _____ EXPIRY: _____

AMOUNT AUTHORIZED: _____

NAME ON CARD: _____ CARDHOLDER SIGNATURE:

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Please note on site orders add 25%.