

CREDIT CARD AUTHORIZATION FORM

Merchant No.: 8013679496

I _____ hereby authorize Astral Digital Video Inc. to process payment(s) for invoice(s) due onto the following credit card unless otherwise advised in writing by the undersigned.

Company Name (if applicable): _____

Address: _____

Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Visa Card Mastercard

Credit Card #: _____

Issuing Bank of Credit Card: _____

Expiration Date (month/year): _____

Cardholder Name: _____

Signature (same as on credit card): _____

Date: _____

Please fill in all information on this form, including signature and date.

Fax to Astral Video 604-436-0107