



SIDNET
 The Hospital for Sick Children
 555 University Ave., Room 9107
 Toronto, Ontario M5G 1X8, Canada
 Tel.: (416) 813-5120 Fax: (416) 813-5029
<http://www.sickkids.ca/Research/SIDNET>



Credit Card Payment Authorization Form

Instructions: Fax the completed and signed form to 416-813-5029.

Check one:	Visa	MasterCard	AME
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Credit Card #:
Exp. Date on Credit Card (mm/yr):
Please fill in the last three digit number (for VISA/Master card) or four digit number (for AMEX) appearing on signature panel:

Name as appears on card:	PI Name:		
Company name on card (if applicable):			
Credit card billing address:			
City:	State/Province:	Postal/Zip Code:	Country:

Telephone Number:	Fax Number:
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Authorization is for :			
Future orders			
One time charge (State below the invoice # and total payment amount if it is available)			
Invoice # :		Payment Amount:	\$
Invoice # :		Payment Amount:	\$
Invoice # :		Payment Amount:	\$
			Total: \$

I authorize SIDNET to charge my credit card for payment of their services. If SIDNET, 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 Christine Dhara Tel: 416-813-5120.
 <christine.dhara@sickkids.ca>