



**AdvancedDigital Inc.**

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## Credit Card Payment Form

Type of Card: Corporate \_\_\_\_\_ or Personal \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CCV#: \_\_\_\_\_

The Undersigned agrees to pay the total amount of the corresponding invoice to AdvancedDigital Inc., and agrees to the terms and conditions laid down in the cardholder agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_