

Fax

**C.V. VACUUM PLATERS INC.
SPECIALTY CHROMED PLASTICS**

Date:

TO: C.V. VACUUM PLATERS INC.

ATTENTION ACCOUNTING DEPARTMENT:

I,	
(Insert Name of card holder above exactly as shown on card)	
authorize C.V. Vacuum Platers Inc. to charge on my Visa/Mastercard credit card	
Visa/Mastercard Card No.	Expiry Date: MM/YY
For my plating order.	

Signature of card holder

RETURN VIA FAX TO: C.V. VACUUM PLATERS INC.

FAX NO. (604) 820-9512 or E-mail: cvpshipper@telus.net if electronically signed