

**D.G. MacLachlan Ltd.**  
SECURITY DISTRIBUTORS

**CREDIT CARD AUTHORIZATION**

Company Name \_\_\_\_\_ A/C \_\_\_\_\_

This is sufficient authority to charge my D.G. Mac purchases to my credit card.



Visa Account Number

Expiry Date

M M

Y R



Master Card Account Number

Expiry Date

M M

Y R

D.G. MacLachlan Ltd. is authorized to charge my credit card the amount of my purchases. The charge to my credit card will only be used for the purpose of purchasing hardware from D.G. MacLachlan Ltd.

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Cardholder's Name  
Please Print

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Cardholder's Signature  
Please Sign

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Date

**PLEASE RETURN ORIGINAL FORM VIA MAIL**