



NUANS® Credit Card Authorization Form

NUANS Administrator,
Hewlett-Packard (Canada) Co.
2500 Solandt Rd.
Kanata, ON K2K 3G5

I hereby authorize Hewlett-Packard (Canada) Co. to charge the credit card account listed below for all services invoiced against the NUANS account(s) indicated below with an amount equal to that invoiced.

1. NUANS Account Details – (To be filled out by the NUANS Administrator)

Account Name #: _____ Account #: _____

2. Credit Card Details

Card Vendor : VISA ___ MASTERCARD ___ AMEX ___
Card Holder Name : _____
Card Number : _____
Expiration Date : _____

3. Authorized By Card Holder

Name : _____
Title : _____
Company Name : _____
Signature : _____
Dated : _____