Anesthesiology & Pain Medicine
UNIVERSITY OF TORONTO

Temerty Medicine

CREDIT CARD AUTHORIZATION FORM

Please complete the information below and send back via email to:
businessmanager.anesthesia@utoronto.ca

CLEAR

CUSTOMER INFOMRATION			
Company			
Last Name		First Name	
Address			
City		State/Province	
Zip/Postal Code		Country	
Phone Number			
Email Address			

BILLING INFOMRATION *(if different from above, billing info must match your credit card statement)*			
Company			
Last Name		First Name	
Address			
City		State/Province	
Zip/Postal Code		Country	
Phone Number			
Email Address			

CREDIT CARD INFORMATION			
Card Type (AMEX, VISA, MC)	AMEX	Exp Date (mm/yyyy)	
Card Number		CVV Code	
Authorized Signature		Total Charge	

Invoice #	
Description	

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Department of Anesthesiology & Pain Medicine
University of Toronto
Temerty Faculty of Medicine
123 Edward St, Suite 1201
Toronto, ON M5G 1E2