



VISA / MASTERCARD / AMERICAN EXPRESS AUTHORIZATION

Civeo Canada Limited Partnership
3790 – 98 Street NW
Edmonton, Alberta
Canada T6E 6B4

Dear Sir or Madam

Authorization for Charge Card Transaction

This letter is to authorize Civeo Canada Limited Partnership to process charges for

against either my:

(Month/Year)

VISA _____ Expiry Date _____

MASTERCARD _____ Expiry Date _____

AMERICAN EXP _____ Expiry Date _____

Commencing _____ (Day/Month/Year) to pay for services provided by Civeo Canada Limited Partnership

The credit limit on Visa is \$ _____.

The credit limit on MasterCard is \$ _____.

The credit limit on American Express is \$ _____.

This authorization will remain in effect until written notice is given to Civeo Canada Limited Partnership withdrawing this authorization.

Card Holder Name: _____

Date:	Signature:	Name (Please Print):	Contact Phone No:
_____	_____	_____	_____

Position:	Company Name:	Address:	Email Address:
_____	_____	_____	_____

Please attach photo copy of credit card (Front & Back)