

PAYMENT AUTHORIZATION

Date: _____

From: _____

To: Dahl & Connors, Barristers & Solicitors

I give Dahl & Connors authorization to charge my credit card (Visa or MasterCard) for the amount of \$_____.

For security purposes, I will phone in my card numbers to 604.687.8752.

Signature: _____

Print Name: _____

Fax to: 604.687.7686 or
Email to: jzaalman@dahlconnors.com

Attention: Jolanda