

**Frame Discreet Inc. Credit Card Authorization Form (Single Billing)**

Name on the Card: \_\_\_\_\_

Type of Card:    Visa   ☐            MC   ☐

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (CVV) \_\_\_\_\_

Billing Address \_\_\_\_\_  
City, Province/State \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice  
Number/Description \_\_\_\_\_

Amount to be  
Charged \_\_\_\_\_

**By signing this form, you authorize Frame Discreet Inc. to charge your card for the amount listed above. We do not retain Credit Card Information.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Frame Discreet  
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