



Lead Program Credit Card Authorization Form

Savaria Corporation
Operating as Silver Cross®
298 Speers Rd, Oakville, ON L6K 2E9 Canada

Dealer Information

Dealer Name: _____
Street Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____

Credit Card Information

- Visa
- Mastercard
- American Express

Card Number: _____ - _____ - _____ - _____ Expiry Date (MM/YY): _____
Name on Card: _____ Security Code: _____

Cardholder's Signature: _____
Date (MM/DD/YYYY): _____

Authorization

I authorize Savaria Corporation, o/a Silver Cross to charge my credit card at regular intervals for leads I receive in the Silver Cross® lead program.