



**Mastectomy Wear
For Fighters & Survivors**

CREDIT CARD AUTHORIZATION

For credit card payments we will need the following authorization.

Business Name: _____

Business Address: _____

Business Telephone no: _____

Name on credit card: _____

Credit Card: (Circle one) VISA MASTERCARD

Card Number _____

Expiration Date _____

I authorize Janac to charge the above credit card for any orders

Signature of Card Holder: _____

Print Name: _____ Date: _____

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