



This letter authorizes Baker Computers to make a manual charge to my:

Mastercard    Visa    (select one)

Date: \_\_\_/\_\_\_/\_\_\_

Payment amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please fax this form to: (204) 622 5388