



BMG INDUSTRIES INC.  
 7492A CONWAY AVE, BURNABY, BC, V5E  
 2P8 PHONE: 1-800-964-8699 |  
 FAX: 1-88-983-3006 EMAILS:  
 SALES@BMGIND.COM

## Credit Card Authorization Form

I, \_\_\_\_\_, authorize BMG INDUSTRIES INC. to charge my credit card in the  
 (Company Name or Name)

amount of \_\_\_\_\_ on \_\_\_\_\_  
 (Amount in CAD) (MM/DD/YYYY)

**I authorize BMG INDUSTRIES INC to keep this credit card on file and use for this order and all future orders unless and updated credit card authorization is submitted.**

**I authorize BMG INDUSTRIES INC to only use this credit card for this order and will complete a new credit card authorization on my next order.**

### Billing Information

Billing Address:

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Card Details

Credit Card Type: Visa: \_\_\_\_\_ Mastercard: \_\_\_\_\_ American Express: \_\_\_\_\_

Card Number:

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 (MM/DD/YYYY)

Name on Card:

Amount: \_\_\_\_\_  
 (Amount in CAD)

Special Instructions:

I certify that the information on this document is true and accurate. I understand that I am liable for any false statements or material omissions made on or in connection with this document. I agree additionally also to inform in writing of any and all changes that would affect the present or future validity of this document.

By signing below, I acknowledge charges hereon, payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please email this completed form to [sales@bmgind.com](mailto:sales@bmgind.com) or FAX to 888-983-3006