

Castalure Manufacturing Ltd.

5952 Star Road, Vernon B.C. V1B3P4 Phone: (250) 558-9223 Fax: (778) 475-4606

AUTHORIZATION FOR ACCOUNT PAYMENT BY CREDIT CARD

Date: _____

Registered Company Name _____

DBA Store Name: _____ Business Phone#: _____

Business Type: Sole Proprietor () Partnership () Corporation ()

Owner(s) Shareholder(s)

Name: _____ Address: _____

Name: _____ Address: _____

Purchasing Contact Name: _____ Phone #: _____

Years in Business _____ PST Exempt? Yes () No () Provincial Tax #: _____

I/We _____ on behalf of _____
(Customer Name) (Store Name)

Account No: _____, hereby authorize Castalure Manufacturing Ltd. to charge to my/our:

Visa Card No: _____ 3 Digit CVV Security code _____ Expiry Date: _____

Mastercard No: _____ 3 Digit CVV Security code _____ Expiry Date: _____

This is irrevocable authorization to your company to charge the payments to my / our account, until cancelled by me/us in writing to you.

(Print Card Holder's Name) (Authorized Signature) (Date)

Note: Visa or Mastercard will be charged upon confirmation of order(s).

I / we authorize Castalure Manufacturing Ltd. to retain our credit card # on file.

Yes _____ No _____.

I wish to receive Castalure Faxes of sales and promotions. Yes () No (). Fax #: _____

I wish to receive Castalure Emails of sales and promotions. Yes () No (). Email: _____

Signature: _____ Date: _____