



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

Card Type: Mastercard Visa AMEX

Other:

Cardholder Name (as shown on card):

Credit Card Number:

Expiration Date (mm/yy): /

Security Number (CVN/CVD): _____

BILLING ADDRESS INFORMATION Please note the billing address entered below must match the billing address of the credit card provided above

Name:

Address:

City:

State/Province:

Postal Code:

Country:

As the credit card holder, I also authorize Cantex Distribution Inc. to charge my credit card for current and future purchases on my account. I understand that my information will be saved on file for future transactions on my account.

Cardholder Signature

Date

Please return the completed form by Email at sales@cantexdistribution.com, or Fax at (905) 374-8231