

PAYMENT AUTHORIZATION FORM | CANADA

A. GENERAL INFORMATION

Operating Name: _____

Legal Business Name (If different than above): _____

Sales Order Number(s): _____ Payment Amount: _____

B. PREFERRED METHOD OF PAYMENT

Credit Card

Cheque[†]

Wire Transfer^{**}

[†] Uncertified cheques need to be cleared before shipping. Full payment must be received before shipping.

^{**} Contact us at 1-800-787-1019 for wire information.

Credit Card Authorization

Visa

MasterCard

American Express

Cardholder's Name: _____ Card Number: _____

Expiry Date (MM/YY): ____/____

Billing Address (associated with card): _____

City: _____ Postal Code: _____ Country: _____

Phone Number: _____

Signature: _____ Date: _____

Use same card for all future shipments

Contact for authorization for each future shipment

Cheque Information

Cheque Date: _____ Cheque Number: _____ Mailing Date: _____

Wire Transfer Information

Wire Date: _____

Wire Processed By: _____

C. VALIDATION OF PAYMENT AUTHORIZATION

Printed Name: _____ Date: _____

Signature: _____

All orders must be paid for in full before they are processed. All the above information is held in the strictest of confidence. Please call our credit department at 1-800-787-1019 for further details.