

New Customer Authorization Form

Simp's Syrups
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Business Name _____

METHOD of PAYMENT

- 1). Cheque Y/N
- 2). Visa/Mastercard (circle one)

Card # _____

Expiry _____

CVC # _____

Name of cardholder as it appears on the card _____

Simp's Syrups is hereby authorized to accept orders from my business charge the cost of these orders to the above credit card account and ship the merchandise as requested. By signing this document, I accept full responsibility for these transactions and ensure full payment to Simp's Syrups. I will inform Simp's Syrups immediately if use of the card is no longer authorized.

I hereby authorize Simp's Syrups to use this credit card account until further notice:

Signature _____

PST# _____

Contact: _____

Email Address for billing purposes: _____

Phone # _____

Mailing Address: _____

Date: _____