

PAYMENT INFORMATION

Please complete if billing info is different from above

Cardholder's Name:	
Address:	
City/Postal:	
Phone #:	
Type of Credit Card:	
Credit Card #:	
Expiration Date:	

I, _____ hereby authorize **Formula Canada** to charge

my credit card account in the amount of \$ _____

including

add shipping

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature

____/____/____
Date

(Optional) As the credit card holder, I also authorize **Formula Canada** to charge my credit card for future purchases verbally approved by me or in the case of any over due invoices and any NSF cheques.

Authorization Valid Until: ____/____/____ Initials Here: _____

Please Fill in, Print and Fax to 416-743-6655 with a copy of a credit card (front and back)

*Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by **Formula Canada**.*