



**PAYMENT INFORMATION**

Please complete Below

Cardholder's Name:	
Address:	
City/Postal Code:	
Phone #:	
Driver License #	_____-_____-_____-/_____-_____-_____-/_____-_____-_____-
Type of Credit Card:	
Credit Card #:	_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Expire Date/VID Code:	_____-_____-/_____-_____-_____-

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.*