

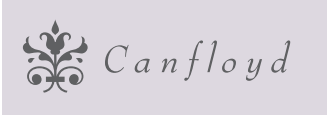


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Fax / téléc.: 1-800-224-8770



CREDIT CARD AUTHORIZATION

PLEASE PRINT OR TYPE / EN CARACTÈRES D'IMPRIMERIE

Store Name						
Name on Credit Card						
Credit Card Billing Address						
City / Ville		Province/State / Province/État		Postal/ZIP Code / Code postal/ZIP		
Telephone / Tél.		Alternate Tel		Email / Courriel		

Expiration Date:

Expiration Date:

Candym / Canfloyd is authorized to process invoice charges against the Visa or Master Card number provided. (check only one box below)

Initial invoices only

All invoices, as they become due and payable

Signature: _____
(required/obligatoire)

Date: _____