

# CREDIT CARD PAYMENT AUTHORIZATION FORM

Store Name: \_\_\_\_\_  
Please Print

Name on Credit Card: \_\_\_\_\_  
Please Print

Credit Card Billing Address: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Telephone Number

Visa No.

Mastercard No.

Expiry Date \_\_\_\_\_  
Month Year

Candym Enterprises Ltd. and Canfloyd, A Division of Candym is authorized to process invoice charges against the VISA/mastercard number provided:

all invoices as they become due and payable

initial invoice(s) only

Authorized Signature: \_\_\_\_\_

Mail or Fax completed Authorization Form to:

Candym Enterprises Ltd. / Canfloyd, A Division of Candym

95 Clegg Road  
Markham, Ontario, Canada  
L6G 1B9  
Fax: (905) 474-0960 or 1-800-224-8770