

Visa □

165 McIntyre Drive Kitchener ON N2R 1G1 Tel: +1 519-748-5046

Fax: +1 844-741-9191

## **Credit Card Payment Authorization**

Fill out all information below, sign and fax/email to Distinctive Wood Products at: +1 844-741-9191 (toll free) or accounting@distinctivewoodproducts.com

Mastercard

## **Cardholder Information**

Type of Card:

Corporate (	Card □ I	Personal Card	
Name (as appears on card):			
Credit Card Number:		<del>_</del>	
Expiry Date:			
3-digit Security (CVV)#:			
Credit Card Billing Address:			
Authorization			
Invoice Nu	ımber(s):		
Invoice Ar	nount(s):		
Payment	Total: \$		
I understand that a 2.5% lat and will be added to the pay	_	be applied to all inv	pices that are past due
I hereby authorize Distinctiv as the method of payment f		•	ve listed credit card
Signature of Cardholder:			
Date Signed:			
Company Name:			