

VJ SUPPLIES
#109, 3840 Jacombs Rd
Richmond, BC
V6V 1Y6
TEL: 778-297-6808
Toll Free: 1-877-618-2828

CREDIT CARD AUTHORIZATION FORM

I'm the authorized signatory for the credit card listed below and give VJ SUPPLIES permission to charge this credit card for future credit card purchases placed on my VJ SUPPLIES account either by phone or online.

Company Name: _____

Purchaser Name: _____

Phone No: _____

Primary Card:

Credit Card Number: _____

Credit Card Type: _____

Expiry Date: _____

CVV (last 3 digits at the back): _____

Name of Cardholder: _____

Billing Address of Credit Card: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone Number: _____

Alternate Card:

Credit Card Number: _____

Credit Card Type: _____

Expiry Date: _____

CVV (last 3 digits at the back): _____

Name of Cardholder: _____

Billing Address of Credit Card: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone Number: _____

I guarantee payment to Visa/MasterCard for the purchase of goods/service authorized in accordance with the terms and conditions stated on my card holder agreement previously signed to the financial institution who has authorized my use of the credit card.

Signature of Cardholder: _____

Date: _____