

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE, INITIAL, SIGN & RETURN AUTHORIZATION FORM TO: **RSTOREY@STOREYS.CA**

Cardholder Name: _____

Billing Address: _____

Telephone Number: (_____) _____ - _____

Credit Card Information

Please Circle the Correct Card Type: Visa / MasterCard

Please Verify The ***Last Four Digits*** of the Credit Card On File ***Please Note this MUST match the C/C used to register online***: _____

Please Verify the Expiration Date: _____ / _____

CVV (3 Digit Code by Signature on Back of Card): _____

Amount Being Charged: \$ _____ (CND) *plus*

☐ I understand that an additional 2% will be added to the Buyer's Premium and charged as well.
_____ (Initial)

Apply Amount to Invoice #: _____

I authorize Storey's to charge the agreed amount listed plus additional buyer's premium fees incurred to the above referenced credit card I've registered with. I agree that I will pay for this purchase in accordance with the issuing banks cardholder agreement.

Cardholder's Name (Please Print): _____

Date: _____

Cardholder's Signature: _____

Send the authorization to: rstorey@storeys.ca