



Credit Card Authorization Form

Instructions:

Please complete this authorization and forward a copy to info@chefsource.ca . All information collected will remain confidential. By choosing to pay by credit card you acknowledge that the card will be charged after the order is assembled and prior to the product leaving our warehouse. It is your responsibility to ensure that the credit card information is current. ***Please remember it is your responsibility to keep your credit card information with us current. If there is an issue please contact us immediately.***

Date of Application: _____

Business Information

Business Name: _____

Billing Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Company Phone: _____

Accounting Contact Name: _____

Phone: _____ Email: _____

Credit Card Information

(Mastercard or Visa Only)

Credit Card Type: _____

Name on Card: _____ Expiration: _____

Credit Card Number: _____ CVV: _____
(last 3 digits on the back of the credit card)

Authorization

I am the authorized signatory for the above noted credit card and I authorize **CHEF SOURCE** to charge the above listed credit card provided herein. I agree to pay for our purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____ Print Name: _____

Date: _____