



150 Parr Blvd, Bolton Ontario L7E 4E6
905-857-6227 Fax 905-857-0299

CREDIT CARD AUTHORIZATION FORM

DATE (MM/DD/YY): ____ / ____ / ____

COMPANY NAME: _____

COMPANY ADDRESS: _____

I hereby authorize Wanderosa Wood Products to bill my credit card listed below
In the amount of \$ _____

Complete for card to be used.

VISA CARD # _____

MASTER CARD # _____

EXPIRY DATE: (MM/YY) ____ / ____

NAME ON THE CARD: _____
(Must be the cardholder)

SIGNATURE: _____
(Must be the cardholder)

PLEASE SIGN BELOW IF YOU WISH US TO USE YOUR CREDIT CARD FOR FUTURE PURCHASES:

I hereby authorize Wanderosa Wood Products to bill my credit card for any purchased made on the above card on my behalf

SIGNATURE: _____
(Must be the cardholder)

Note: American Express is not accepted