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Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential. We value the sensitive nature of your personal information.
No credit card information is kept on file unless you have specifically asked us to.

Today's Date: _____ / _____ / _____

I: _____

- As the Individual card holder, I hereby authorize this card to be used for the deposit/purchase required.
- As the company representative, I hereby authorize this card to be used for the deposit/purchase required.

Invoice #:

Credit Card Information:

Name as it appears on the card:

- - - exp: ____ / ____

Type of Card: VISA MASTERCARD CVV2# (3 digits on back of card): _____

Credit Card Billing Address:

Street: _____

City: _____ Province /State: _____ Postal/Zip: _____

Telephone: _____

Signature:

Date: ____ / ____ / ____

By signing above you hereby give **West Wind Hardwood and its staff** permission to use this card for deposits and/or final payments of invoice number noted above.

This Authorization can be faxed to **250-656-9663** or emailed to **info@westwindhardwood.com**