

ISLAND FLOOR CENTRE LTD.

3375 TENNYSON AVE., VICTORIA, B.C. V8Z 3P7 TEL (250) 475-3323 FAX (250) 475-3399
Email: info@islandfloors.com

CREDIT CARD AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX#: _____

I, _____ of the above address have hereby given the following company authorization to charge my credit card for payment of the invoices/quotes mentioned below. **I recognize I will be charged an additional 2.5% on all invoices where the invoice date is not within 14 days of today's date.**

Date of Payment: _____

Payee: *Island Floor Centre Ltd.*

Payment Amount: \$ _____

Invoice/Quote Number(s): _____

Visa/MasterCard Number: _____

Cardholder Name (as it appears on the card): _____

Expiry Date: _____

Credit Card Security Code _____ (this is either a 3-digit number on back of card immediately following the account number, or 4 digits on the front of the card, usually above the account number).

Authorized Cardholder Signature: _____

Date: _____

Please return signed credit authorization form via fax to (250) 475-3399.

Attn: Accounts Receivable Department. Thank you!

Sales ID: _____

CC Authorization #: _____