

CREDIT CARD AUTHORIZATION

Store Name: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

Street

City/Province

Zip #

Telephone #: _____

Alternate Phone #: _____

Visa:

Expiration Date: _____

Mastercard:

Expiration Date: _____

Canfloyd (a division of Candym Enterprises) is authorized to process invoice charges against the Visa or MasterCard number provided (check only one box below):

Initial invoices ONLY

ALL invoices, as they become due and payable

Authorization Signature: _____

Date: _____