



Dorland Doors Ltd.

14425 - 18 Ave NW
Edmonton AB T5L 2M7
dorlanddoors.com

CREDIT CARD AUTHORIZATION FORM

I, _____, do hereby authorize Dorland Doors Ltd. to charge to my Credit Card Account the amount stipulated below and signed by me.

Card Type (Visa or MasterCard): _____

Cardholder Name: _____

Credit Card Account: _____

Expiry Date: _____

CVR (3 #'s on back): _____

| Reference Number (Invoice, Sales Order or Quote) | Amount |
|--|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Payment: _____

I agree to pay the above total payment according to the card issuer agreement.

Signed: _____

Dated this _____ day of _____ 20 _____

Customer Account Name: _____

Where should the copy of the receipt be sent? Email or Fax Number: _____