

6537 Gateway Blvd
Edmonton, AB
T6H 2J1
780-439-1440



2620A Barlow Tr. NE
Calgary, AB
T1Y 1A1
403-988-4442

CREDIT CARD AUTHORIZATION FORM

Please provide the following information, all fields are required.

Customer Name: _____ Phone Number: (____) _____
Mailing Address: _____ Alternate Number: (____) _____

Customer # _____
Postal Code: _____

AMEX

Type of card: VISA MASTERCARD

Credit card number: _____

Name as it appears on card: _____

Expiry date: _____ / _____
(mm / yy)

3 Digit security code: _____
(located on rear of card)

By signing below, I hereby authorize THE ACCESSORY WAREHOUSE to charge my VISA or MASTERCARD in the amount of \$_____.

Please charge my monthly statement to my credit card

I would like my receipts:

Mailed to the above address

Email: _____

Signature of Card Holder

Date

FOR OFFICE USE ONLY

CUSTOMER #: _____