62 Hymus Road, Toronto, M1L 2C7
www.welderssupplyandgases.ca | info@blowit.ca
T: 416-2-BLOWIT | 1-8555-HELIUM
Fax: 1-866-887-0202

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD NUMBER:	
COMPANY NAME / NAME:	
PERSON AUTHORIZING:	
CREDIT CARD TYPE:	VISA [ ] MASTERCARD [ ] AMEX [ ]
CVC NUMBER:	*(last 3 digits at the back of card or 4 digits in the front)*
EXPIRATION DATE: (mm/yr)	
BILLING ADDRESS	Street:_____ City:_____ Province:_____ Postal Code:_____
AMOUNT TO CHARGE: (CAN $)	
INVOICE NUMBER:	

* Please leave the last two fields empty for recurring charges

Signee agrees that all information provided is accurate and complete. Signee also acknowledges that all orders may be immediately terminated at BLOWIT LTD's discretion if any charges are declined or charge backs are claimed on any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to accounts@blowit.ca

Any changes in the status of this card should also be reported to accounts@blowit.ca

Card Holder Signature:_____ **Date:**_____

Charge mentioned on statement will appear as "BLOWIT LTD"