



Par Le Trou De La Serrure

Specialized Decorative Hardware

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CREDIT CARD AUTHORIZATION FORM

Please complete and return this form by fax or email at info@parletrou.ca

CARD HOLDER INFORMATION

NAME :				**as it appears on credit card
COMPANY :				
ADDRESS :				
CITY :		PROVINCE/STATE:		
COUNTRY:		POSTAL CODE:		
TELEPHONE :		FAX:		
EMAIL :				

METHOD OF PAYMENT

CREDIT CARD TYPE: VISA MASTERCARD

CARD NUMBER :							
EXPIRY DATE :	DD		MM		YYYY	BACK CARD SECURITY CODE :	
APPROVED BY :							

APPROVED AMOUNT

Closed - One Time Sale \$ _____

Open - On File