



## Credit Card Authorization Form

Date: \_\_\_\_\_

### Credit Card Information

Visa  MasterCard

Card Number \_\_\_\_\_ Expiry Date (M/Y) \_\_\_\_/\_\_\_\_

Card Holders Name (Please Print) \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Amount I authorize to be applied to my credit card \$ \_\_\_\_\_

Shipping Info \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E mail \_\_\_\_\_

Phone \_\_\_\_\_

Please fax back to 403-640-3703 or scan and email to [info@patioline.ca](mailto:info@patioline.ca)

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