

GROSNOR DISTRIBUTION INC.

4 Lowry Drive Brampton, Ontario L7A 1C4

Phone: (416) 744-3344 · 1-800-268-1973 · Fax: (416) 744-1973

email: sales@grosnor.com · www.grosnor.com

Letter Of Authorization

Dear Sir/Madam:

We accept both Visa & Mastercard. If you would prefer to place future purchases from Grosnor Distribution Inc. on either of these credit cards, then this form must be completed in full and returned to us, preferably by mail.

Billing Address

mpany:	
dress:	
y:	Phone:
vince:	Fax:
stal Code:	Email:
ase Check [] For One Order Only [] Indefinite Orders	Mastercard Information Please Check [] For One Order Only [] Indefinite Orders
a Card#:	M/C Card #:
piry Date:	Expiry Date:
me On Visa Card:ease print clearly)	Name On M/C:(Please print clearly)
nature of Cardholder:	Signature of Cardholder:
te:	Date:
mments:	
s is to advice Grosnor Distribution Inc. that it is auth	horized to accept telephone or fax orders from our bus
s is to advice Grosnor Distribution Inc. that it is auth irge the costs of this/these order(s) to my credit car	

This is to advice Grosnor Distribution Inc. that it is authorized to accept telephone or fax orders from our business charge the costs of this/these order(s) to my credit card account and ship the merchandise as requested. By signing this document I/we am/are accepting all responsibility for these transactions to ensure full payment to the merchant. We will inform you immediately if this card is no longer valid. I consent that faxes of this application and faxes of my signature will be considered originals.

As a valued customer we looking forward to continue to serve you with your needs

Yours truly,

Dave Yeates President