GROSNOR DISTRIBUTION INC.
4 Lowry Drive | Brampton, Ontario L7A 1C4
Phone: (416) 744-3344 | 1-800-268-9066 | Fax: (416) 744-1973
email: sales@grosnor.com | www.grosnor.com

## Letter of Authorization

Dear Sir/Madam: We accept both Visa, Visa Debit \& Mastercard. If you would prefer to place future purchases from Grosnor Distribution Inc. on these credit cards, then this form must be completed in full and returned to us, preferably by email.

## Billing Address

Company:
Address:
City:
Province: Postal Code:

Phone:
Province: $\quad$ Postal Code:

|  | $\square$ VISA | Order Type: | $\square$ For One Order Only |
| :--- | :--- | :--- | :--- |
|  | $\square$ MC |  |  |
|  | $\square$ AMEX | $\square$ Indefinite Orders |  |

Name on Card:
Card \#:

| Expiry: | CVV/CVC: |
| :--- | :--- |

Signature of


Cardholder
Card Type:


Name on Card:

Card \#:
$\qquad$
Expiry:
CVV/CVC:

Signature of
Date: Cardholder

Comments:

This is to advise Grosnor Distribution Inc. that it is authorized to accept telephone or online orders from our business and 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 We will inform you immediately if this card is no longer valid.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/scans of this application and faxes/scans of my signature will be considered originals.

As a valued customer we are looking forward to continue to serve you with your needs.
Yours Truly,
Dave Yeates
President

