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WESTMOUNT DISTRIBUTORS INC.

CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD ARE PAYMENT OPTIONS AT WESTMOUNT DISTRIBUTORS INC. IF YOU PREFER TO PAY FOR FUTURE PURCHASES ON YOUR CREDIT CARD PLEASE COMPLETE THE REQUIRED INFORMATION BELOW AND RETURN THIS FORM TO US.

COMPANY NAME: _____

VISA #: _____ / _____ / _____ / _____ **EXPIRY:** _____ **CVV#** _____

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NAME AS IT APPEARS ON CARD: _____

***YOU MUST INCLUDE YOUR CVV # ON BACK OF CARD**

THIS IS TO AUTHORIZE WESTMOUNT DISTRIBUTORS INC. TO ACCEPT ORDERS FROM OUR BUSINESS AND CHARGE THE COST OF THESE ORDERS TO THE CREDIT CARD INDICATED ABOVE AND SHIP THE MERCHANDISE AS REQUESTED. BY SIGNING THIS DOCUMENT WE ARE ACCEPTING RESPONSIBILITY FOR THESE TRANSACTIONS TO ENSURE FULL PAYMENT TO WESTMOUNT DISTRIBUTORS INC.

WE WILL INFORM WESTMOUNT DISTRIBUTORS INC. IN WRITING IF USE OF THIS CARD IS TO BE DISCONTINUED.

CARDHOLDER SIGNATURE: _____

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