

Credit Card Authorization Form

I, _____ authorize Van Gogh Designs Furniture Ltd.
to charge my credit card in the amount of _____ Canadian/U.S. Dollars (circle the currency).
This is the payment for the invoice number(s) _____

Card Type: VISA / Mastercard

Card Number: _____

Expiry Date: _____

Name on the Card: _____

Signature: _____

Date: _____

Name of Business: _____

Please fax the completed form to 604.372.3002 – Attention: Credit Department.
Or e-mail: accounting@vangoghdesigns.com