**Canada Credit Card Authorization Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on the Card: | |  | | | | | | | |
|  | | | | | | | | | |
| Type of Card: | Visa | |  | MC |  |  | AmEx |  |
|  | | | | | | | | | |

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code \_\_\_\_\_\_\_\_\_\_

Glow Products Canada Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I want Glow Products Canada Inc. to automatically charge the full balance on the 30th day for bill(s) that are due, via the credit card that is on file.

I will mail a check to Glow Products Canada Inc. for the full balance of each bill due. Checks must be received in our office by the 30th day due.

**By signing this form, you authorize Glow Products Canada Inc. to charge any overages from orders I place and/or any balances I owe. Glow Products Canada Inc. will only use my credit card in a responsible business manner and only charge amounts listed to my order.  
  
This form is valid for 1 year from January 1st to December 31st. Each year a new form must be signed by December 31st to keep the account open.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

\* To see the full list of terms and conditions please go to   
[www.wholesalegowsticks.com](http://www.wholesalegowsticks.com) or [www.glowauthority.ca](http://www.glowauthority.ca)

Glow Products Canada Inc.  
Phone: 1-866-542-4569   
Fax: 1-866-876-7761

1001 Lenoir   
Unit B-343  
Montreal, QC, Canada  
H4C 2Z6