**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)

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