11 Old Houlton Rd Richmond Settlement, NB E7M 4Z7 P: (506) 325-2020 F: (506) 328-4664



Accounting Office P.O. Box 430 St. Stephen, NB E3L 2X3 P: (506) 459-7200

Credit Card Authorization and Verification Form

Please accept this letter as author	rization to bill my credit card for the follo	owing length of time:
For ALL future transacti	ons prior to the release of goods, until further not	ice
For this transaction only	Transaction #	
For the Monthly Balance *Please note this opti	e on the 25th of each month.* on is only available if approved by AR@Beaver Broke	erage
Trease note this opin	on is only available in approved by the Beaver Broke	Auge
Name of card holder (exactly as it ap	opears on card):	
Credit Card Number	Card Type	
Expiry Date MM/YY	CVV Code (on back of card)	
Billing Address (Complete address,	exactly as it appears on credit card billing stateme	ents):
Street Address/PO Box		
-		
City	Province/State Postal/Zip Co	ode
Telephone Number		
the importation of goods into Canada for transactions. I acknowledge that should Inc. will issue a refund less the finance cancelled once the goods have been in change of address, credit card number,	se my credit card for all duties, taxes, fees and or the period of time indicated above. A finance for all cancel this agreement after my deposit has been fee and any applicable charges. I acknowledge the aported into Canada. Beaver Brokerage Inc. must or expiry date. Any problems that are encounted inding order without notice.	en secured, Beaver Brokerage nat this agreement cannot be st be notified in writing of any
I certify that all above information is tru	e and correct.	
Card holder signature	Dat	te