



**CBK INTERNATIONAL INC.**  
 1682 MEYERSIDE DR MISSISSAUGA, ON L5T 1A3  
 TEL: 905-564-5506 FAX:905-564-5399

## Credit Card Payment Authorization Form

**Please read thoroughly and complete the following Credit Card Authorization Form**

By signing this agreement, you are authorizing CBK INTERNATIONAL INC. to charge the following Credit Card for any unpaid overdue balance owing in 30 days, **unless other arrangements have been made. Call in for each payment or set up Auto run weekly/ monthly payment (day/date).**

You will be contacted if the following Credit Card is declined to make alternate payment arrangement. **CBK INTERNATIONAL INC.** will accept Business Cheques for payment, but please note it will take 3 to 5 business days for the Cheques to clear. There will be a 1.5% interest charge applied to your 30-day balance if your account is not paid and brought to a good standing. The card holder further understands that CBK INTERNATIONAL INC. can charge the following Credit Card for any NSF Cheques in the amount of \$50 plus 1.5% interest charge on all overdue balances. All unpaid past-due accounts will be placed on A/R HOLD.

**Account Number** \_\_\_\_\_

**Please complete and return this authorization form with a copy of your driver license:**

Company Name _____
Business Address _____
City _____ Province _____ Postal code _____
Phone# _____ Cell# _____
Fax# _____ Email _____
Cardholder Name _____
Cardholder Address _____
City _____ Province _____ Postal code _____
Phone# _____ Email _____
Driver License Number _____

Card Type (check one):  Visa  MasterCard

Credit Card Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Please complete the information below:**

**Please Initial Where indicated ( )**

I \_\_\_\_\_ authorize **CBK INTERNATIONAL INC.** to charge my Credit  
(full name)

Card according to the guidelines outlined above( ). I understand that any pass due amount in 30days will be charged to the above Credit Card. Should the charged be declined on the following credit card, I understand it is my responsibility to make other payment arrangements to clear any moneys owing to CBK INTERNATIONAL INC.( ). I understand that in the case of any defaulted payment to my account will be charged 1.5% on the outstanding balance ( )including \$50.00 charge for any NSF Cheques( ).

I \_\_\_\_\_ also give CBK INTERNATIONAL INC. permission to Run a Credit  
(full name)  
Check through Trans Union Canada/Equifax or Credit Bureau Services Canada( ).

**Office Use Only**

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_