



**COMMONWEALTH PLYWOOD
DISTRIBUTION**

CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME: _____

PHONE: _____ **ACCOUNT NUMBER:** _____

EMAIL: _____

**I HEREBY AUTHORIZE COMMONWEALTH PLYWOOD CO. LTD. TO PROCESS THIS TRANSACTION ON MY
CREDIT CARD AS INDICATED BELOW:**

CARD HOLDER NAME: _____

CIVIC NUMBER: _____ **STREET:** _____ **POSTAL CODE:** _____

CARD HOLDER SIGNATURE: _____

CARD HOLDER; WE DO NOT ACCEPT DIGITAL SIGNATURES

CARD TYPE:

VISA () MASTERCARD () AMEX ()

CARD NO.: _____ - _____ - _____ - _____

EXPIRY: _____ / _____ **CVV CODE:** _____

AMOUNT: _____

ORDER NUMBER(DN) OR INVOICE(S): _____

**A COPY OF YOUR CREDIT CARD (BOTH SIDES) IS REQUIRED
AN IDENTITY CARD IS REQUIRED FOR FIRST TIME PURCHASES**