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 accent this letter as	s authorization to hill	my credit card for the	e following length of time:

Places accept this letter as au	thorization to hill my are	edit card for the following	langth of time
Please accept this letter as au	thorization to bill my cre	edit card for the following	length of time.
For ALL future trans	sactions prior to the release of	f goods, until further notice	
For this transaction	only. Transaction #		
For the Monthly Bai *Please note this	lance on the 25th of each more soption is only available if appro	nth.* oved by AR@Beaver Brokerage	
Name of card holder (exactly as	it appears on card):		
Credit Card Number	Card Type		
Expiry Date MM/YY	CVV Code (on back of card)		
Billing Address (Complete address	ess, exactly as it appears on c	redit card billing statements):	
Street Address/PO Box			
City	Province/State	Postal/Zip Code	
Telephone Number			
I authorize Beaver Brokerage Inc. the importation of goods into Canac transactions. I acknowledge that sh Inc. will issue a refund less the fina cancelled once the goods have bee change of address, credit card nun may result in the cancellation of the	da for the period of time indicated in the period of time indicated included I cancel this agreement ance fee and any applicable chan imported into Canada. Beauser, or expiry date. Any product in the period of time indicated in the period of the peri	atted above. A finance fee will after my deposit has been securarges. I acknowledge that this aver Brokerage Inc. must be no oblems that are encountered in	be applied to all red, Beaver Brokerage agreement cannot be otified in writing of any
I certify that all above information is	is true and correct.		
Card holder signature		Date	MM/DD/YY