



Siu & sons International Trading Coporation

2460 Viking Way, Richmond BC, Canada V6V 1N2

T: 604-275-5428 Fax: 604-275-5968

AR Credit Card Authorization Form

DUE DATE

CUSTOMER NAME: _____

CARD TYPE : VISA / MASTERCARD

CREDIT CARD NO. _____

EXPIRY DATE ON CARD: _____ / _____

Card Verification #
(3 digits on the back of card): _____

CARDHOLDER NAME: _____

AUTHORIZED TOTAL \$ _____ - CAD

Customer #
Contact person:
Tel

** | _____

HEREBY AUTHORIZE **SIU & SONS INTERNATIONAL TRADING CORPORATION**
TO CHARGE ON MY CREDIT CARD FOR DETAILS BELOW. THANK YOU!

DATE

Autocharge authorization by _____

Phone authorization by _____

Email authorization by _____

Invoice No.

Date

Subtotal

Send receipt to:

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Email _____

Fax _____

Total Due \$ _____ -