



112 Newkirk Road, Richmond Hill, ON L4C 3G3
Tel: 905-508-2199 Fax: 905-508-2190
www.bozelectricsupply.com

CREDIT CARD PAYMENT PERMISSION

PRINT NEATLY---Please ensure that all information is correct

COMPANY NAME: _____

BILLING ADDRESS: _____

I do hereby authorize **BOZ ELECTRIC SUPPLY LTD.** to debit my credit card shown below for as long as the company listed above has an account with Boz Electric Supply Ltd.

BOZ may charge this credit card upon receiving **VERBAL OR WRITTEN CONSENT** for the outstanding invoices due, according to my Terms of Credit with BOZ Electric Supply Ltd.

I understand that I must notify Boz Electric Supply of any changes to my credit card and I give permission to BOZ Electric Supply Ltd. to alter the Expiry Date and CVV number on this form when the card renews.

AMERICAN EXPRESS VISA M/C (Circle which credit card)

CARD # _____

EXPIRY DATE: _____ VERIFICATION CODE (CVV) _____

PRINT NAME _____

AUTHORIZED SIGNATURE _____

Return completed form by Fax: 905-508-2183 or Email: judi@bozelec.com

Your receipt will be **emailed** for all non-present card transactions.