

MADABOUTFOOD®

Wholesale Division

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Tel 604.736.2511 Fax 604.685.6775
Toll Free 1.866.736.2510
wholesale@madaboutfood.net

CREDIT CARD PAYMENT AUTHORIZATION

I, _____
(Name of authorized person)

Of, _____
(Company name)

Billing Street Address: _____

City, Prov, Postal Code: _____

I hereby authorize Mad About Food Inc., of Vancouver BC to retain the following credit card number on file for invoice payment purposes.

Visa / MasterCard _____
(circle one)

Expiration date: _____

Card issued in the name of: _____

Credit card receipt: Required: _____ Not required: _____
(check one)

If payment confirmation is required, confirmation should be mailed to:

Address: _____

City: _____ Prov: _____ Postal: _____