



P.O. Box 262, 15 Donegani Ave.
Pointe Claire, Quebec, Canada H9R 4N9

Fax Toll Free: 1.866.943.6673

Toll Free: 1.866.695.5995

E-mail: info@idealnorth.com
www.idealnorth.com

VISA / MASTER CARD AUTHORIZATION FORM

Dear Sir / Madam,

In order to process your purchase with our company on either Visa or Master card, we require the following information:

Name of your Company _____

Authorized credit card **VISA** **MASTER CARD**

Card number: _____

Expiry date: _____

Cardholder Name: _____

Please indicate if you prefer to pay ALL your invoices from IDEAL NORTH INC by credit card:

YES **NO**

-OR-

Specific Order number or P.O. number: _____

Disclaimer:

I hereby authorize "Ideal North INC." to accept order(s) from our business, charge the cost of the order(s) to my credit card noted above, and to ship the merchandise as requested. By signing the document, I am accepting all the responsibility for these transactions to ensure full payment to the merchant. I will inform you immediately if use of this card is no longer valid.

Signature: _____ Date: _____

FED ID # (IRS # / EIN #) _____ **(FOR U.S. CUSTOMERS ONLY.)**

Thank you for your cooperation.