



RETURN TO MARIE-CLAUDE GAGNON, CPA, CA, CONTROLLER
BY FAX 450 433-6494

CREDIT CARD AUTHORIZATION FORM

COMPANY NAME : _____

CREDIT CARD INFORMATION

VISA : _____ **MASTERCARD :** _____

CREDIT CARD NUMBER : _____

VERIFICATION CODE : _____

EXPIRATION DATE : _____

LIMIT AUTHORIZED : _____

NAME APPEARING ON CARD : _____

BILLING ADDRESS : _____

I authorize Brewtek to take the payments on my credit card, Visa or MasterCard, for all FUTURE orders.

SIGNATURE OF CARD HOLDER : _____

DATE COMPLETED: _____

I wish to receive the credit card payment confirmation at the following fax number:

_____ ; No Thanks : _____ .

The information provided is strictly confidential and will be kept in a safe place.
Please advise us of any changes.