

# Authorization for Credit Card Use (on File)

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address : \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Company: \_\_\_\_\_

Company Shipping Address: \_\_\_\_\_

\_\_\_\_\_

I authorize Felix Wholesale Ltd to charge my card for purchases made to the above company and shipping address. I agree to have this card stored on file at Felix Wholesale Ltd for ongoing purchases. It is my responsibility to update Felix Wholesale Ltd in writing to remove or update credit card information due to but not limited to lost/stolen cards, expiration, and card detail changes.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

**By Fax: 289 569 0750**

**By Email: [shop@felixwholesale.ca](mailto:shop@felixwholesale.ca)**