



Customer #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Attention: \_\_\_\_\_

I, \_\_\_\_\_ authorize Food Supplies to charge my credit card below for  
(As it appears on your credit card) product(s) / services provided.

Billing/Shipping Address: \_\_\_\_\_  
(As it appears on your credit card)

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Type:  Visa:   MasterCard:

Card Number:

Expiration Date:     Verification Code:     
(Located on back of card)

Card Holder Name: \_\_\_\_\_

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

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

Amount: \$    ,    .

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Please email this completed form to: ar@foodsupplies.ca  
or Fax to 905-669-1671

Call Toll Free 1-800-387-1098  
www.foodsupplies.ca