

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Postal Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Blindpros Of Calgary and its affiliates to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

In signing or agreeing to this document you also understand and agree that your credit card will be charged in any dispute. You also understand and agree if we are unable to reach you at the arrival of your products, we will charge the remaining balance within 14 business days of initial contact. You also understand and agree that if arrangements for delivery can't be reached with in 5 business days of initial contact your remaining balance will be charged with in 14 days of contact.

In signing or agreeing to this document You also understand and agree that you have read, understand and accept our terms, warranties and policy's published and available on our website.

Do you agree to these terms as they have been provided to you.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date