

Grease Ducks Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain private and confidential

Name on Card:
(As it appears on the Card)

THOMAS WILKIE

Billing Address:
(As it appears on your statement)

1103 - 888 Hamilton St.

VANCOUVER, BC, V6B 5W4

Credit Card Type:

Visa Mastercard

Credit Card Number:

4520 7100 3306 3477

Expiration Date:

02 / 20

Card Identification Number: 622 (last 3 digits located on the back of the credit card)

I authorize Grease Ducks Ltd. to charge this credit card for invoices created for ongoing maintenance and products related to _____ to the credit card provided herein. I agree to pay for these purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date



Signature:

Date:

10 / 17 / 2017

Print Name:

THOMAS WILKIE

Return the completed and signed form to the following:

Grease Ducks Ltd.

200 – 100 Park Royal
West Vancouver, BC V7T 1A2
Bus. (604) 628-8881 Ext. 3
Fax. (604) 628-8882
Email: billing@greaseducks.com