

Ottawa 3228 Moodie Drive, PO Box 11401, Stn H Ottawa, ON K2H 7V1

T. 613.838.2775 F. 613.838.4751 GTA
14 Anderson Blvd
Stouffville, ON L4A 7X4
T. 905.642.4400
F. 905.642.0008

## **CREDIT CARD AUTHORIZATION FORM**

This letter hereby authorizes KOTT Inc. to charge the following credit card with any or all purchases made by our company/me from KOTT Inc. Payments will be processed in accordance with your credit card terms, either prior to shipping, or within a one week period.

KOTT Inc. will take and keep an imprint of this credit card for record keeping purposes only. A legible photocopy of the front of the card is also acceptable. The credit card holder must be the person signing the authorization form.

KOTT Inc. will provide copies of invoices paid with this credit card.

| Credit card type:        | □ Visa | ☐ Mastercard | Expiry  | date:     |              |  |
|--------------------------|--------|--------------|---------|-----------|--------------|--|
| Credit card number:      |        |              |         |           |              |  |
| Job site address:        |        |              |         |           |              |  |
| Cardholder name:         |        |              |         |           |              |  |
| Company:                 |        |              |         |           |              |  |
| Mailing/billing address: |        |              |         |           |              |  |
| City:                    |        |              | Provinc | e:        | Postal code: |  |
| Phone:                   |        |              | Email:  |           |              |  |
| KOTT sales rep:          |        |              |         |           |              |  |
|                          |        |              |         |           |              |  |
|                          |        |              |         | X         |              |  |
| Print name               |        |              |         | Signature |              |  |