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CREDIT CARD AUTHORIZATION FORM

CARDHOLDERS NAME: _____

(Names that appears on the credit card)

COMPANY NAME: _____

SALES REP: _____

CARD NUMBER: _____ - _____ - _____ - _____

CSV NUMBER: _____ (LAST 3 DIGITS OF THE BACK OF THE CREDIT CARD)

EXPIRATION DATE: _____ / _____

CARD TYPE: MASTER VISA

Cardholder or company billing address: _____

CITY: _____ STATE: _____ ZIP: _____

Terms and conditions:

All charges are base upon the sales order or invoice amount due with or without the shipping charges. Any errors for charges made must be disputed from the date of the charges and may not exceed 14 days of the date of invoice or the date of charge. Any dispute about the charges must be made with CHARMCELL in writing. CharmCell will use the best effort to correct any errors that was made or may have made. Cardholder authorized CHARMCELL to charge any sales order or invoice due as payments of the goods ordered or received. Any none payment, charge backs and or/ disputes occurred the products and or goods are the property of CharmCell until the payments are paid in full. The cardholder understands that any disputes or charge back must be made with CHARMCELL. CHARMCELL reserves all rights to collect any unpaid products or goods, charge backs, court fees, lawyer's fees, and /or all of the charges that occurred in assisting the process.

Cardholder's Signature: _____

Date: _____

****Please fax this form with copy of driver's license and copy of back of the credit card****