



B & B DISTRIBUTION LTD:
 4316 Savaryn Drive SW Edmonton, AB T6X-1Z9
 P: (780) 439-3901 TF: 1-800-279-0636 F: (780) 432-1317
accountsreceivable@bbelectronics.ca

SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION

Customer Name: _____

Customer Address: _____ AP Email: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Type: MASTERCARD VISA 3 Digits on Back of Card: _____

Name as it appears on the Credit Card: _____
(please print)

**THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD
 INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY**

(one form per signature)

I, _____ AUTHORIZE B & B Electronics to process the above Credit Card
 as 'signature on file' for products and related services.

Please list all persons authorized to charge services to this card:

1. Name: _____ Phone#: _____

2. Name: _____ Phone#: _____

3. Name: _____ Phone#: _____

Please indicate whether charges are: FOR SINGLE USE or MULTIPLE USES

Cardholder's Signature: _____ Date: _____ M/D/YY

Referred By: _____
(individual's and/or company name - optional)

**Please print out document and fax copy
 or email it to: accountsreceivable@bbelectronics.ca**

Thank You