



**CREDIT CARD BILLING AUTHORIZATION**

*(please fax back to 905-833-5439)*

*email :customerservice@kitcheninnovationsinc.com*

PRIVATE AND CONFIDENTIAL - THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE: ALL INFORMATION MUST BE COMPLETED

CREDIT CARD  
INFO

• Company Name: \_\_\_\_\_

• Authorized Person(s): \_\_\_\_\_

VISA       MASTERCARD       AMEX

• Card Number: \_\_\_\_\_ • Expiry Date: \_\_\_\_\_ • Security Code: \_\_\_\_\_

• Cardholder Name: \_\_\_\_\_

• Billing Address: \_\_\_\_\_

• City: \_\_\_\_\_ • State/Prov: \_\_\_\_\_ • Zip Code/Postal Code: \_\_\_\_\_

• Tel: \_\_\_\_\_ • Fax: \_\_\_\_\_ • Mob: \_\_\_\_\_ • Email: \_\_\_\_\_

**Please Select one of the following Payment Options:**

**ONCE** - Bill my Credit Card for the following amount:

• P.O.#: \_\_\_\_\_ Amount: \_\_\_\_\_ Invoice #/Sales order #: \_\_\_\_\_ Amount: \_\_\_\_\_

**MULTIPLE** - Please use this Credit Card for all Payment on my Account:  
Please pay instructed invoice and keep on file for future payments. Invoice Numbers and amounts will be instructed by email before processing, unless otherwise instructed

I authorize Kitchen Innovation Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am the authorized user of this Credit Card and that I will not dispute the payment with my Credit Card company, so long as the transactions corresponds to the terms indicated in this form

SIGNATURE

• Date: \_\_\_\_\_

• Cardholder Name: \_\_\_\_\_

• Cardholder Signature: \_\_\_\_\_

PLEASE COMPLETE AND FAX/SCAN & EMAIL BACK TO KITCHEN INNOVATION

THANK YOU.