

VISA/MASTERCARD AUTHORIZATION FORM

TrueNorth Specialty Products

A Univar Company

99 Lawson Crescent
Winnipeg, MB R3P 0T3
Toll-Free: 1-866-572-8240
Toll-Free Fax: 1-866-840-3380

CUSTOMER PROFILE INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: (for order processing purposes)

Street and/or Post Office Box Number: _____ City: _____

Prov.: _____ Postal Code: _____ Telephone Number: _____ Fax #: _____

Warehouse # (AWSA/CPI) _____

Provincial Sales Tax Exemption No.: _____

Vendor's Licence No. : _____

Certified Agriculturalist Certificate No.: _____

GST Registration No. _____

Operator's Licence No. _____

Pesticide Licence No. _____

VISA / MASTERCARD AUTHORIZATION

Accept this authorization to use: _____;

(VISA / MasterCard)

_____, for an order placed under P.O. (INV#) _____,
(number)

for the amount of \$ _____.

Card Expiry Date: _____

Cardholders Name: _____

TERMS AND CONDITIONS OF SALE

1. All orders are subject to the approval of Head Office.
2. **SERVICE CHARGES**
TrueNorth will assess a 2% processing charge on all orders exceeding \$2500.00 paid for by either VISA or MasterCard.

SIGNED: _____ TITLE: _____

DATE: _____