

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 No. _____ City: _____

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

Warehouse # (AWSA/CPI) _____

Provincial Sales Tax Exemption No.: _____ GST Registration No. _____

Vendor's Licence No. : _____ Operator's Licence No. _____

Certified Agriculturalist Certificate 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. Credit cards only accepted at time of order.

SIGNED: _____ **TITLE:** _____

DATE: _____

All credit card payments are processed through Univar Canada Ltd. and will appear as such on your billing statement from Mastercard/Visa.