

LILYFIELD QUARRY INC.

UNIT 7 – 1109 WILKES AVENUE, WINNIPEG, MB R3P 2S2

PHONE: 204- 224-9218 FAX: 204- 224-9212

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type:



Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card or 4 digits on the front if paying by Amex)

Amount to Charge: \$ _____ (Cdn)

Invoices being paid: _____

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase/s in accordance with the issuing bank cardholder agreement.

Cardholder-Please sign and Date

Signature: _____

Date: _____

Print Name: _____

Do you authorize Lilyfield Quarry Inc. to retain a copy of this authorization for future purchases? Yes ___ No ___
Lilyfield Quarry Inc. will contact you prior to proceeding with charges on your card.