

CREDIT CARD AUTHORIZATION

Credit Card: Visa ____ Mastercard ____

Card#: _____ Expiry Date: _____

Purchase: _____

Date: _____ Amount: _____

Name on Card: _____

Phone: _____ Signature: _____

Ship To: _____

Address: _____

Phone: _____ Contact: _____

Comments: _____

Please Fax to 403-207-4847 or Mail to: Heritage Products
#206, 4202 - 17 Ave SE Calgary, AB T2A 0T2 1-877-255-8401