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Credit Card Authorization Form

PLEASE READ THIS BEFORE YOU CONTINUE: THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE CREDIT CARD OWNER. WE ARE UNABLE TO PROCESS PAYMENTS UNTIL WE RECEIVE THIS FORM.

I, _____, **by executing this agreement authorize The Wood Source Inc.**
(NAME AS IT APPEARS ON CREDIT CARD)

to use a 3rd party service to store, access, and charge my credit card for purchases on my account. I understand the names included in the list below will be authorized to purchase on my account and fully accept all liability related to any purchase made on my account. I understand that this agreement and the list of authorized purchasers can be changed or cancelled at any time by advising The Wood Source Inc. at the email address above.

Cardholder's Billing Address (Complete as Shown on Billing Statement):

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

CELL #: _____ EMAIL: _____

WS ACCOUNT #: _____

NAME OF AUTHORIZED PURCHASER	EMAIL For delivery notifications	CELL For delivery notifications

IT IS THE CARDHOLDER'S RESPONSIBILITY TO NOTIFY THE WOOD SOURCE INC. OF ANY CHANGES TO THE LIST OF AUTHORIZED PURCHASERS.

CARDHOLDER AUTHORIZED SIGNATURE

DATE SIGNED

BY SIGNING ABOVE, I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING ANY TRANSACTION I WILL NOTIFY THE WOOD SOURCE INC. PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

Please email this form to admin@wood-source.com upon completion.