

## CREDIT CARD PRE-AUTHORIZATION

To:	Enterprise Paper	Date:	
From:			
This	letter authorizes Enterpris	e Paper to charge all	future invoices sold/ship to:
Comp	any:		
Addre	ss:		
	Specify credit card:	□ VISA	
	CREDIT CARD NUMBER		EXPIRY DATE (mm/yy)
	CARDHOLDER'S NAME	(Please Print)	
	Cardholder's SIGNATURE:		
	Cellular Number:		
	Phone Number:		
	Fax Number:		
	E-mail Address:		
	HST# / GST#:		PST#:
	se send invoices: MAIL Dwith DELIVERY D	via EMAIL:	
		e pre-approved for payment t card will be processed dail	
	Please Return by Fax: 60 or by Email: co	04-522-6297 Toll	Free Fax: 877-707-6297 prisepaper.com
sville 12 ary 17	5 Brigantine Drive BC V3K 6Y9 255 Taylor Road BC V9P 2B9 727 - 120th Avenue NE AB T3K 0S5 8719 - 111th Avenue NW AB T5S 2X4	T 604-522-6295   888-5 T 250-248-3003   888-7 T 403-207-6868   888-7 T 780-488-0002   800-4	751-2210 F 250-248-3054   762-6868 F 403-207-6848   866-862-6   425-3830 F 780-481-4632