



2255 Dunwin Drive, Unit #3, Mississauga, Ontario L5L 1A3
Ph: (905) 569-0559 Fax: (905) 569-9263 Toll Free: (877) 593-9639
www.worldmeats.com

CREDIT CARD LETTER OF AUTHORIZATION

Dear Sir / Madam,

If you prefer to place your future purchases with World Meats Inc. on a credit card, we request this form to be completed and returned to us. Please complete and sign below, then fax to World Meats Inc. at: (905) 569-9263. Attn: Accounts Receivable.

Thank You,

Accounts Receivable Department
Phone: (905) 569-0559 ext. 26 Email: ar@worldmeats.com

Please use my Credit Card as indication below (check one):

- For one invoice only: Invoice #: _____, Amount (\$): _____.
- Authorize World Meats Inc to keep on file for future approved payments*
- Authorize World Meats to keep on file and charge all future invoices**

Terms and Conditions:

*By accepting these terms, you authorize World Meats Inc. to charge the credit card indicated below to be charged automatically for future orders placed by you.

**By accepting these terms, you authorize World Meats Inc. to charge the credit card indicated below to be charged automatically for the current and future orders placed by you.

World Meats accepts only Visa and MasterCard as form of payment and will impose a surcharge of 3% on invoices not paid within seven day terms based on the date of the invoice. Please note that we do not offer terms for credit cards and credit cards are processed every week.

COMPANY INFORMATION

LEGAL REGISTERED NAME:	
TRADE / OPERATING NAME:	

CREDIT CARD INFORMATION

NAME ON CARD (PLEASE PRINT):			
STREET ADDRESS:			
CITY / TOWN:		POSTAL CODE:	
PLEASE CHARGE THE FOLLOWING CREDIT CARD:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
CREDIT CARD NUMBER:			
EXPIRY DATE:		CCV NUMBER:	
EMAIL ADDRESS FOR RECEIPT:			

This is to advise that World Meats Inc. is authorized to accept telephone, fax, or email orders from our business, charge the cost of this/these order(s) to my Credit Card account as indicated above and ship the merchandise as requested. By signing this document, I am accepting all responsibility for this transaction to ensure full payment to the merchant.

I/We will inform you immediately if this card is no longer valid.

The undersigned must be the Cardholder of the card listed above.

PRINT NAME

SIGNATURE

DATE