



#8-25 Royal Group Crescent., Woodbridge, Ontario, L4H 1X9, Canada 905 760 1665
www.elitetrimworks.com

Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

CREDIT CARD HOLDER INFORMATION

Please circle credit card type:

____ Visa / MasterCard ____

Credit card number: _____

Expiration date: _____ / _____ (mm/yy) CVV _____

Exact name as it appears on the credit card:

Billing Address:

Authorization for all shipping related charges, for return of products incurred to Elite Trimworks Corp., due to improper clarification prior to sending with desired carrier.

Amount to be charged: \$ _____

Primary phone number: _____

Order Number: _____

Cardholder Signature: _____

Date: _____

** Should we be billed these on your behalf they will be either deducted from your refund, if not already given, or re charged to you appropriately with documentation provided and sent to you at that time. **