



Auto Pay
Authorization

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Please Print Account Name: _____

I, _____ authorize Canned Heat to charge my credit card for the full statement balance prior to shipment.

Credit Card Type: ☐ Visa ☐ Mastercard

Card Number: _____

Expiry Date: _____ CCV#: _____

Name as it appears on card: _____

Credit Card Billing Address: _____

City: _____ Prov./State: _____ Postal/Zip: _____

Please put an 'X' beside one of the following:

____ Please Process Automatically

____ Please Fax the Credit Card Receipt to: (____) _____ - _____

____ Please Mail the Credit Card Receipt

____ Please Email the Credit Card Receipt to: *Email* _____

Cardholder's Signature: _____

Cardholder's Name: _____ Date: _____

Please fax completed form in to our confidential credit department

Fax: 1-877-725-4954

Please call to ensure your request for automatic payment has been received

Canned Heat Sales

1503-7088 18th Ave., Burnaby, BC V3N 0A2 • Phone # 1-604-644-2091 • Fax # 1-877-725-4954