



AUTHORIZATION FORM

I, _____ do hereby authorize WSI Doors Ltd. to charge to my Credit Card Account the amount stipulated below and signed by me.

(Visa, MasterCard)

Card type: _____

Cardholder Name _____

Credit Card Account _____

Expiry Date _____

Invoice Number(s) and Account _____

Total Payment: _____

I agree to pay the above total payment according to the card issuer agreement.

Signed: _____

Dated this _____ day of _____ 20__.

Customer Account Name _____

14425 - 118 Avenue NW, Edmonton, Alberta T5L 2M7
Phone (780) 454-1455 Fax (780) 454-1611 Toll Free (800) 661-9639
Email to: accounting@wsidoors.com