



**Letter of Authorization to Charge Credit Card SINGLE PURCHASE**

This form must be completed in full and faxed to the following number (705) 766-0415, or emailed to chantal@timbrmart.on.ca

I, \_\_\_\_\_ authorize Dorset Timber Mart to charge to the following credit card.

Name exactly as it appears on card: \_\_\_\_\_

Credit Card Type:(ie. Visa, Mastercard) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
CVV# \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_

Invoice #(s) to be paid \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Cottage: \_\_\_\_\_ email: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form authorizes Dorset Timber Mart to pay the above approved invoices on the credit card listed above. Any refunds will be charged a 25% restocking fee. No refunds after 30 days. Delivery policies apply.