



Elite Living Inc.
351 Hanlan Road Unit 7-11
Woodbridge, ON L4L 3T1

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Email: accounting@eliteliving.ca

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Purchase Order #: _____

Invoice #: _____

I authorize Elite Living Inc. to charge my credit card in the amount of CAD

\$ _____

Card # _____

Expire Date: _____

CVV Code: _____

Cardholder Name: _____

Card Billing Address: _____

Telephone #: _____

Check this box if you authorize Elite Living Inc. to use the credit card provided above on future Purchase Orders submitted by your company.

Cardholder Signature _____

Date _____