



CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete this form to authorize B.L.S. Inc. (1Shot Shot Steel Stud Anchors) to make a debit on your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

If you have any questions, please call Franklin Call (CEO): (416) 898-4262

Please email the completed form (including your Zip Code) to Franklin Call at: FC@1shot.ca

PLEASE COMPLETE THE INFORMATION BELOW

I, _____ authorize B.L.S. Inc. (1Shot Steel Stud Anchors) to charge my _____ (FULL NAME)

Credit card account indicated below for \$ _____ on or after _____ (AMOUNT) (DATE)

This payment is for _____ (DESCRIPTION OF GOODS/SERVICES)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ *ZIP CODE: _____

PHONE #: _____ EMAIL: _____

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVERY

CARDHOLDER NAME: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ CVV2 (3 DIGIT NUMBER ON BACK OF VISA/MC): _____

SIGNATURE: _____ DATE: _____

I AUTHORIZE THE B.L.S. INC. TO CHARGE THE CREDIT CARD INDICATED IN THIS AUTHORIZATION FORM ACCORDING TO THE TERMS OUTLINED ABOVE. THIS PAYMENT AUTHORIZATION IS FOR THE GOODS/SERVICES DESCRIBED ABOVE, FOR THE AMOUNT INDICATED ABOVE ONLY, AND IS VALID FOR ONE TIME USE ONLY. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD AND THAT I WILL NOT DISPUTE THE PAYMENT WITH MY CREDIT CARD COMPANY; SO LONG AS THE TRANSACTION CORRESPONDS TO THE TERMS INDICATED IN THIS FORM

ONCE TRANSACTION HAS BEEN COMPLETED THIS FORM WILL BE SHREDDED