



Credit Card Authorization Form

Mail or Fax this form to:

Cranberry Lane Make-it-Yourself Bodycare
#117 - 1611 Broadway St, Port Coquitlam, BC, V3C 2M7

Date: _____

I, _____ on behalf of _____
(customer name) (business name if applicable)

authorize Cranberry Lane to charge my Visa or Mastercard for all purchases made through either Phone, Fax, Mail, Website, or Email.

Credit Card Number: _____ Expiry Date: _____

Visa: Mastercard:

Authorized Purchaser: _____

Authorized Purchaser: _____

Customer Signature

Witness Signature

Customer Name (print)

Witness Name (print)

Date Signed

Date Signed