

**STARLINE PACIFIC INC.
CREDIT CARD AUTHORIZATION**

Fax completed form to 604-946-8716

I authorize Starline Pacific to use my credit card for purchases from Starline Pacific.
I understand that my credit card will be charged before goods will be released.

Credit Card#: _____ Expiry Date: ____/____
Name on Card: _____ Issuing Bank: _____

=====

Address where credit card statement is sent	Address where purchases will be shipped
Address: _____	Address: _____
Address: _____	Address: _____
City: _____	City: _____
Province: _____ Postal Code: _____	Province: _____ Postal Code: _____

=====

Drop shipments will be made only to the addresses shown above.
Additional addresses must be listed on a separate sheet, signed and dated by the card holder.

You must also include a scanned image of the front and back of the credit card

You must also include a scanned image of your drivers license to verify your identity

I authorize the following people to use this credit card on my behalf for purchases from Starline Pacific. I also understand that anyone not listed below will not be able to place an order using this credit card.

I understand that I am obligated to notify Starline Pacific, in writing, if there are any changes in any of this information provided.

Card Holder Signature: _____ Date: _____

Company Name: _____ Phone#: _____

FOR THE SAFETY OF EVERYONE CONCERNED, THIS FORM MUST BE
COMPLETED IN FULL AND SENT BACK TO US BEFORE YOUR ORDER CAN BE
PROCESSED AND RELEASED.
