

CREDIT CARD AUTHORIZATION

P.S.T. LIC. No. _____

Number of years in Business _____ years

Date: _____

Individual or

Fax No. _____

Company Name _____

Ph. No. _____

Street Address _____ City _____ Prov. _____ P/C _____

If Company Type of Ownership Corporation Partnership Individual

Principal Owners _____ Credit Requested \$ _____

THE CREDIT DEPARTMENT OF PRAIRIE STONE INTERNATIONAL REQUESTS THE FOLLOWING CREDIT CARD INFORMATION TO PROCESS YOUR STONE ORDER.

1. VISA CREDIT CARD NO. _____ EXPIRY DATE _____

CARD HOLDER NAME _____

2. MASTER CARD NO. _____ EXPIRY DATE _____

CARD HOLDER NAME _____

PLEASE SIGN THE FORM BELOW INDICATING YOUR AUTHORIZATION FOR OUR CREDIT DEPARTMENT TO PROCESS THIS CREDIT CARD PAYMENT AS A PHONE IN ORDER.

SIGNED _____ TITLE _____ DATE _____

FOR CREDIT DEPARTMENT USE ONLY

CREDIT O.K.'D MAXIMUM AMOUNT _____
 CREDIT REFUSED BUYING LEVEL _____

Signed _____ Date: _____

Customer account No. _____ Rep. No. _____