



**One Source Office Supplies Inc.**  
111 - 3950 191st Street  
Surrey, BC V3Z 0Y6  
Email: [account@onesourceofficesupplies.com](mailto:account@onesourceofficesupplies.com)  
Phone: (604) 800-4117 Fax: (604) 608-2918

## CREDIT CARD AUTHORIZATION FORM

(Please Type or Print)

**Company Name**

**Cardholder's Name**

**Credit Card Number**

**Expiry Date**

**CVV**

**VISA**

**American  
Express**

**MasterCard**

### Billing Address for Credit Card

**Street Address**

**City**

**Postal Code**

**Province**

**Billing Contact E-mail**

**BY CHECKING THIS BOX, I AUTHORIZE ONE SOURCE OFFICE SUPPLIES INC. TO KEEP MY CREDIT CARD INFORMATION ON FILE AND CHARGE IT UPON INVOICING OF MY ORDERS.**

**OR**

**BY CHECKING THIS BOX, I AUTHORIZE ONE SOURCE OFFICE SUPPLIES INC. TO KEEP MY CREDIT CARD INFORMATION ON FILE TO BE CHARGED FOR ANY INVOICES THAT EXCEED 30 DAYS PAST THEIR AGREED UPON PAYMENT DATE.**

**Name of Authorized Card Holder**

**Date Signed**

*By leaving my name, I hereby authorize the use of my card in accordance to the information above.*