



ACCOUNTING:

9641 - 82 Ave Edmonton, AB T6C - 0Z9
P: (780) 434-9145 ext. 114 F: (780) 433-6530
EMAIL: accountsreceivable@b-b-electronics.com

HEAD OFFICE / DISTRIBUTION CENTRE:

17306 - 116 Ave Edmonton, AB T5S - 2X2
P: (780) 439-3901 TF: 1-800-279-0636 F: (780) 432-1317
EMAIL: info@b-b-electronics.com

SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION



Customer Name: _____

Customer Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Type: AMEX MASTERCARD VISA 3 Digits on Back of Card: _____

Name as it appears on the Credit Card: _____
(please print)

THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY

(one form per signature)

I, _____ AUTHORIZE B & B Electronics to process the above Credit Card as 'signature on file' for products and related services.

Please list all persons authorized to charge services to this card:

1. Name: _____ Phone#: _____

2. Name: _____ Phone#: _____

3. Name: _____ Phone#: _____

Please indicate whether charges are: FOR SINGLE USE or MULTIPLE USES

Cardholder's Signature: _____ Date: _____

Referred By: _____
(individual's and/or company name - optional)

**Please print out document and fax copy
or email it to: accountsreceivable@b-b-electronics.com**

Thank You