



### NEW CUSTOMER CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, pre-authorize Summit Specialty Foods Ltd. to charge the credit card below for all payments of any purchase orders placed with Summit Specialty Foods. I acknowledge that this authorization applies to payments on an ongoing basis, and will remain in effect starting (M/D/Y)\_\_\_\_\_ unless otherwise instructed in writing by the credit card holder. Summit Specialty Foods will keep all information on this form confidential.

Company Name:	
Billing Address:	
City/Town:	
Postal Code:	Province:
Telephone:	
Type of Card (please circle) Visa/Master Card	
Credit Card Number:	
Expiry date (mm/yy):	
Signature of Cardholder:	

**\* We accept Visa & Master Card**

[Type text]

[Type text]

[Type text]