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CORPORATE ACCOUNT SET UP
Credit Card Authorization Form

Business Name : _____

Delivery Address: _____

Business Phone: _____

Contact Phone: _____

Order Contact Name: _____

Order Contact Email Address: _____



Name on Credit Card: _____

Billing Address on Credit Card : _____
If different from shipping address _____

Payment Method: VISA MasterCard Amex
(Tick one)

Card Number: _____ Expiry Date: _____

Card Security # _____ ID # _____

Authorization Name on Card: _____

I, _____ (Cardholder), hereby authorize the processing on the above noted credit card for the requested purchase(s) made by the above authorized contact. I am aware that this information will be kept in confidence and will be used only for payment on purchases and/or deliveries at the store until the cardholder notifies us otherwise.

Cardholder Signature:

_____ Date: _____

Please provide a photo copy of the Credit Card and Gov't ID along with the completed credit authorization form and email to nicolle@chliquorstore.com