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Credit Card Authorization Form

I, _____, hereby authorize Maple Leaf Importing to charge my credit card account
in the amount of: \$ _____

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ___ / ___ V Code: _____

Credit Card Billing Address:

Company Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ___ - _____ Email for Billing: _____

Optional:

As the credit card holder, I also authorize Maple Leaf Importing to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ___ / ___ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Maple Leaf Importing will keep all information entered on this form strictly confidential.

As the credit card holder, I hereby authorize receipt of goods & services to be paid with the credit card info
show above.

_____ / ____ / ____

Card holder signature

Date