



Head Office, Plant & Showroom
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 Email: sales@westeckwindows.com
 Web: www.westeckwindows.com

Credit Card Authorization

To: **Westeck Windows Mfg. Inc. or Westeck Windows and Doors of America Inc.**

From: _____

Date: _____

Job/Tag: _____

Westeck Windows Mfg. Inc. or Westeck Windows and Doors of America Inc. is hereby authorized to irrevocably withdraw such amounts as required.

Card Number: _____ CVC _____ (3 digits on back of card)

Expiry Date: _____

Card Type: Visa _____ MasterCard _____

Date Signed: _____

Cardholder Name: _____

Cardholder Signature: _____

This agreement shall be deemed to have been in the City of Chilliwack in the province of British Columbia and all matters arising will be exclusively governed by and construed in accordance with the laws of the Province of British Columbia, Canada applicable therein, and all disputes and claims arising out of or in connection with the Agreement or in respect of any defined legal relationship associated there within or howsoever both at law and equity, shall be exclusively referred to the Provincial Court of British Columbia, Chilliwack Registry.

Please Fax Back Completed Form to (604) 792-6714

Or Email to: bernitav@westeckwindows.com

Calgary | Kelowna | Chilliwack | Vancouver | Victoria | Nanaimo | Kirkland

