

CREDIT CARD AUTHORIZATION FORM

To: Westeck Windows Mfg. Inc. and / 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: _____
Expiry Date: _____ CVC _____ (3 digits on back of card)
MM/DD
Card Type: Visa _____ MasterCard _____
Date Signed: _____
Cardholder Name: _____
Cardholder Billing Address: _____ City: _____
Prov/State: _____ Postal/Zip Code: _____
Cardholder Signature: _____

This agreement shall be deemed to have been in the City of Chilliwack, in the Province of British Columbia, Canada, 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 this completed form to (604) 792-6714
or Email to: accountsreceivable@westeckwindows.com