KNP Headwear Inc.
Toronto Ontario Canada M1B 2E5
Tel: (416)298-8516
Fax: (416) 298-4451

AUTHORIZATION FOR USE OF CREDIT CARD

Company Name: _____

Company PO#: _____

Telephone#: |___|___|___| - |___|___|___| - |___|___|___|___|

Credit Card#: |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|

Expiry Date: |___|___| / |___|___| *CVV:* |___|___|___|

Name of Card Issuing Bank: _____

Card Holder's Name: _____

Card Holder's Address: _____

_____

Card Holder's Telephone#: |___|___|___| - |___|___|___| - |___|___|___|___|

This is to authorize KNP Headwear Inc. to charge my credit card account for purchases for the above company.

Card Holder's Signature: _____

Date: |___|___|___| - |___|___| - |___|___|___|___|
month *day* *year*

Please initial the following box if this is a standing authorization for future orders - ☐

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For official use only

Customer A/C#: |___|___|___|___|___| Date Received: _____ / _____ / _____