



ELITE LIVING PAYMENT AUTHORIZATION

COMPANY _____

SALES ORDER | INVOICE # _____

I HEREBY AUTHORIZE ELITE LIVING TO CHARGE THE BELOW CREDIT CARD
IN THE AMOUNT OF \$ _____ CDN

CARD DETAILS (A 3% MERCHANT SURCHARGE IS APPLIED TO CREDIT CARD PAYMENTS)

VISA | MC (PLEASE CIRCLE ONE)

PLEASE NOTE WE DO NOT ACCEPT AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CVV CODE _____

CARDHOLDER NAME _____

BILLING ADDRESS _____

CITY | PROVINCE _____ POSTAL CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

BY CHECKING THIS BOX, I AUTHORIZE ELITE LIVING TO RETAIN THE ABOVE
PROVIDED CARD ON FILE AND USE FOR FUTURE SALES ORDER PURCHASES
WITH PROVISION OF PURCHASE CONFIRMATION DETAILS.

CARDHOLDER SIGNATURE _____

DATE OF AUTHORIZATION _____

ALTERNATE PAYMENT METHODS

E-TRANSFER *CLIENT PREFERRED

SEND PAYMENTS TO PAYMENT@ELITELIVING.CA

CHEQUE

HELD FOR A 5 BUSINESS DAY PAYMENT CLEARANCE PERIOD BEFORE ORDER IS SHIPPED.

THANK YOU FOR YOUR BUSINESS . WE LOOK FORWARD TO WORKING WITH YOU AGAIN