



D I S T R I B U T O R S

Essex Distributors

5930 No. 6 ROAD, #325
RICHMOND BC V6V 1Z1
TEL: 604 231 0755
FAX: 604 231 9102
O/L: 800 663 7739

CREDIT CARD FORM

**ESSEX DISTRIBUTORS offers you the option of charging your purchases on a credit card.
Fill this application out if you want to use this option.**

Business Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

TYPE OF CREDIT CARD Mastercard _____ Visa _____

Account No.: _____ Exp. Date: _____

Name on card: _____

Bank card is drawn on: _____

IMPORTANT: If card is in an individual's name, please complete the following.

Name: _____

Billing Address: _____

City: _____ Prov. _____ Postal Code: _____

AUTHORIZED SIGNATURE: _____

"We hereby authorize ESSEX DISTRIBUTORS to use our credit card referenced above. This is only for products that we order through ESSEX DISTRIBUTORS."

SIGNED: _____ DATE: _____

PLEASE RETURN TO OUR OFFICE VIA: FAX OR MAIL, THANK YOU.

CREDIT CARD FORM