

**Credit Card Authorization Form**

SAVOURY CHEF FOODS LTD.  
826 Renfrew Street,  
Vancouver, BC V5K 4B6

Phone: 1-604-357-7118 Fax: 1-604-357-7116,

I \_\_\_\_\_, hereby authorize the Savoury Chef Foods Ltd. to charge my credit/company card for the following:

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) as it appears on credit card: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

By signing below, I agree to the terms set forth in the card holder's agreement and agree to pay the Savoury Chef Foods Ltd. for all charges incurred above.

\*\*Signature of credit card holder: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Signature above constitutes a legally binding agreement between the card holder and the Savoury Chef Foods Ltd.*