



Glassworld
 2146 Queen Street, Abbotsford BC, V2T 6J4
 Tel: 604-854-5757, Fax: 604-852-1850

AUTHORIZATION AGREEMENT
GLASSWORLD

COMPANY NAME:

CARDHOLDERS NAME:

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Fax: _____
 Email: _____

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Fax: _____
 Email: _____

I _____ of _____ in the province of B.C.
 give authorization for Glassworld to process Visa/ MC # _____
 exp _____.

This charge will pay for invoices:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My name as it appears on my card is _____ and I am
 in possession of this credit card.

It is agreed that upon completion of the above-mentioned work order the full remaining
 balance will be process on the credit card provided.

 Print Name

Date _____

 Signature

PLEASE RETURN VIA FACSIMILE 604-852-1850