



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**