



RAD Distribution Inc.

Mailing Address:

Suite 239-644 Portland Street
Dartmouth, Nova Scotia
B2W 2M3

Shipping Address:

100 Wright Ave. Unit 1
Dartmouth, NS
B3B 1L2

CREDIT CARD AUTHORIZATION FORM

DATE: _____

COMPANY NAME: _____

ACCOUNT #: _____

THIS IS TO AUTHORIZE **RAD DISTRIBUTION INC.** TO CHARGE MY CREDIT CARD ACCOUNT

FOR PURCHASES / SERVICES ON INVOICE # _____ IN THE AMOUNT OF \$ _____

PLEASE KEEP THIS CARD ON FILE FOR FUTURE PURCHASES? YES ☐ NO ☐

VISA : _____

MASTERCARD: _____

EXPIRY DATE: _____ **SECURITY CODE ON BACK OF CARD:** _____

NAME OF CARDHOLDER: _____

SIGNATURE: _____

RECEIPT REQUIRED? YES ☐ NO ☐

VIA FAX: _____

VIA EMAIL: _____

PLEASE COMPLETE THIS FORM AND RETURN USING THE INFORMATION BELOW. THANK YOU!

FAX 1-866-888-0105 EMAIL: ACCOUNTING@RADDISTRIBUTION.COM