



Crête Plantations inc.

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Visit our **WEB Site** <http://www.creteplant.com/corporate>

CREDIT CARD PAYMENT AUTHORISATION

(TOLL FREE FAX: 1-866-663-7733)

Dear Sir or Madam:

Please accept this letter with my signature as authorization for the organization reflected in the above letterhead to charge my credit card for the amount shown below to offset merchandise delivered and/or services rendered.

<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> DISCOVER
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Amount:

\$ _____

Account #:

Expiration date:

I further agree to advise you immediately should there be any change in status of my credit standing with regard to the above "checked" credit card.

Name on card: _____	Customer Name: (if different) _____
Credit card billing address: _____ _____ _____	Address: _____ _____ _____
Phone #: (_____) _____ - _____	Phone #: (_____) _____ - _____
Fax: (_____) _____ - _____	Fax: (_____) _____ - _____

Date

Customer Signature

A/R Agent
(office use only)