



Formulaire d'autorisation pour paiement par carte de credit

Credit Card payment authorization form

Please email completed form to: gaby.santarriaga@car-net.ca
Attn: Gabriela Santarriaga

SAQ #:

Nom d'entreprise :
Establishment Name:

Adresse de l'établissement:
Establishment address:

Nom du titulaire:
Cardholder's name:

Numéro de téléphone du client:
Customer Phone Number:

A/P Name (if different):

A/P Email (if different):

Payment Method (check one)

Veuillez-noter, les paiements de frais d'agences sont requis le meme jour qu'on place vos commandes a la SAQ.

Pour tout infos, contacter: Gariela Santarriaga - gaby.santarriaga@car-net.ca

Please note, agency fees are required the same day we place your SAQ order. For details, contact Gabriela Santarriaga - gaby.santarriaga@car-net.ca

Credit Card	E-transfer	Pre-Authorized Debit (Form Below)	Cash
Credit Card Provider : VISA MASTER CARD			
Numero de carte: Credit Card Number:			
Date d'expiration: /		Security Code:	
Expire Date:			
Postal Code:			

J'approuve Car-Net Wine, Spirits and Gourmet Prod Corp. à retirer le montant total de l'état de compte passé les termes.
I approve Car-Net Wine, Spirits and Gourmet Prod Corp. to withdraw the total amount of the account past terms.

Authorized Signature:

Date:



Pre-Authorized Debit Agreement

1. Payor's Information (please type or print clearly)

Payor's Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Email:

2. Payor's Financial Institution Information (please type or print clearly)

Account Number:

Transit Number:

Financial Institution Number:

Name of Financial Institution:

3. Pre-Authorized Debit Details

You, the Payor, authorize **Car-Net Wine, Spirits and Gourmet Products Corp.** to debit the bank account identified above the total amount of the overdue invoices of the credit terms on each invoice. The debit will be on the next business day of the credit terms date of each invoice.

You, the Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

These services are for (check one) Personal Business

You, the Payor, may revoke your authorization at any time by writing, subject to providing notice of 10 days and to be confirmed by our Accounts Receivable department that there are no due invoices under the Payor. To obtain a sample of cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution. **Car-Net Wine, Spirits and Gourmet Products Corp.** may also cancel this PAD agreement on not less than 3 days notice to you and no due invoices.

Signature of account Holder:

Signature of Joint Account Holder (if applicable)

Name (Please Print):

Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement of any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights you may contact my financial institution or visit www.payments.ca

Car-Net Wine, Spirits and Gourmet Products Corp.

Attention: Accounting Department

19-4905 102 Ave SE Calgary, AB T2C 2X7

Tel. 403-249-1446 Ext. 2 Email: info@car-net.ca