

Touch of Africa

<http://www.touchof africa.ca>

**313-2333 Triumph Street
Vancouver, BC V5L 1L4
Canada**

TEL: 604-253-3918 or 604-524-8822

FAX: 604-253-3987

U.S. TEL: 206-414-4199

Credit Card Authorization

I, _____ declare that I am the holder of the following credit card:
(First/Last Name)

Type of Card _____

Credit Card Number _____

Expiry Date _____

Name as Appearing on Card _____

Credit Card Billing Address _____

City, Province/State _____

Issuing Bank Name _____

and by providing my credit card number as a guarantee for payment, I authorize Touch of Africa and/or its agents to charge my account for the deposit and/or full payment of all on-line purchases, shipping charges, and handling fees.

I agree that as the card holder and/or authorized representative to remain liable for the full amount of any charges incurred.

Cardholder's Signature: _____ **Date:** _____

Please return Credit Card Authorization to Touch of Africa at the address on the top of this form.

Office Use Only		
Credit Card Verified (VC code)	Date	Initial