



**BB DISTRIBUTION**

4316 Savaryn Drive SW Edmonton, AB T6X-1Z9

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ar@BBHoldco.ca

**SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION**

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Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ AP Email: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Type:    MASTERCARD     VISA     3 Digits on Back of Card: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_  
(please print)

**THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY**

(one form per signature)

I, \_\_\_\_\_ AUTHORIZE BB Distribution to process the above Credit Card as 'signature on file' for products and related services.

Please list all persons authorized to charge services to this card:

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please indicate whether charges are:  FOR SINGLE USE or  MULTIPLE USES

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ M/D/YY

Referred By: \_\_\_\_\_  
(individual's and/or company name - optional)

**Please print out document and fax copy  
or email it to: ar@BBHoldco.ca**

**Thank You**