

5640 McAdam Road, Unit #2 Mississauga, ON, L4Z 1T2 Tel.: (416) 247-7444 Fax: (416) 247-4700 www.bakersandus.ca

Pre-Authorized Transaction(s)

Client #:			Company nam	ne:					
Address:									
Email receipt(s) to:			Name			Email address			
I hereby authorize Bakers & Us, a BakeMark company, to charge my credit card for all orders placed on behalf of the above named business.									
I hereby authorize Bakers & Us, a BakeMark company, to charge my credit card \$ for the following invoice(s)/ purchase order(s).									
Invoice #:					Invoice #:				
Invoice #:					Invoice #:				
Invoice #:					Invoice #:				
Cardholder name:									
Cardholder signature:							Date:		
								DD / MM / YYYY	
*** Please complete this form and return it by email to ar@bakersandus.ca ***									
mast	tercard.	Ca	rd number:						
	ISA	Ex	piry date:	MM / YYYY					
		CV	V/CVC code:	(3 c	ligits located on	the back of the c	redit card)		