



**Baker's
and Us**

15 McCulloch avenue, Unit #3
Etobicoke, ON, M9W 4M5
Tel.: (416) 247-7444
Fax: (416) 247-4700
www.bakersandus.ca


Pre-Authorized Transaction(s)

Client #: Company name:
Address:
Email receipt(s) to:
Name Email address

I hereby authorize Baker's and Us to charge my credit card for all orders placed on behalf of the above named business.

I hereby authorize Baker's and Us to charge my credit card \$ for the following invoice(s)/ purchase order(s).

Invoice #:	<input type="text"/>	Invoice #:	<input type="text"/>
Invoice #:	<input type="text"/>	Invoice #:	<input type="text"/>
Invoice #:	<input type="text"/>	Invoice #:	<input type="text"/>

Cardholder name:
Cardholder signature:  Date:
DD / MM / YYYY

*** Please complete this form and return it by email to karen@bakersandus.ca ***



Card number:

Expiry date:
MM / YYYY

CVV/CVC code: (3 digits located on the back of the credit card)