



CREDIT CARD INFORMATION

Store Name: _____

Name As It Appears On Card: _____

Visa/MasterCard Number: _____

Expiry mm/yy: _____

Card Holder's Billing Address:

Street Address: _____

City: _____

Province: _____ Postal Code: _____

**34079 Gladys Avenue
Abbotsford, BC V2S 2E8
Email: receivables@pacificpet.net**

**Phone: 604-850-1510
Toll Free: 1-800-663-6644
Toll Free Fax: 1-877-850-1510**



CREDIT CARD AUTHORIZATION

Store Name: _____

I, _____ certify that I am the authorized user of the credit card provided and hereby authorize Pan Pacific Pet Ltd. to charge my credit card for all outstanding balances.

If the payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day.

Please note: When updating credit card information, such as an expiration date, you will be asked for full card details.

Card Holders' Signature: _____

Date: _____

FOR PAN PACIFIC PET LTD USE ONLY

Customer Account Number: _____

Date: _____

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CONFIDENTIAL WHEN COMPLETED