



LES FROMAGERIES PIMAR Inc. (HAMEL)
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MANY PURCHASES BY CREDIT CARD

Fill and sign this document. Send it by fax (514-272-1163) or via email.

Client's name: _____

Business' Name: _____

Address : _____

_____ Postal Code: _____

Phone : _____ Fax: _____

Email : _____

Visa : _____ Mastercard : _____

Security code (back of the card) : _____ Expiration (Month/Year) : _____

Name of card's holder: _____

Complete address of card's holder: _____

_____ Postal Code : _____

Phone : _____

Hereby, the client mentioned above allows the Fromagerie Pimar Inc (HAMEL) and its representatives, after the signing of this authorization, to use the credit card number shown above for the all the purchases and associated fees on receipt of the orders. The signing of this authorization shall be considered a valid signature affixed to the transaction. I renounce the ground of absence of signature on the transaction as the reason for non-payment. This authorization is valid until the expiration date of the credit card.

Signed at: _____, on _____

By (name of card's holder): _____

Signature of the card's holder: _____

Received by LES FROMAGERIES PIMAR Inc. (HAMEL) on _____

By : _____