



CREDIT CARD AUTHORIZATION FORM

Mailing Address:

375 – Unit 8, 6014 Vedder Rd

Chilliwack, BC V2R 5P5

Please complete and return to our credit representative at [billing@linterra.ca](mailto:billing@linterra.ca)  
All fields required to be completed.

INQUIRIES: 604-701-3850 | [billing@linterra.ca](mailto:billing@linterra.ca)

NAME ON CREDIT CARD	CARD NUMBER	EXPIRY DATE (MM/YYYY)	CVC CODE

ADDRESS – associated with credit card.	CITY	PROVINCE	POSTAL

BILLING ADDRESS – if different from above.	CITY	PROVINCE	POSTAL

TERMS & CONDITIONS

I, the undersigned, as an authorized officer, or representative and/or cardholder verify that the above noted credit card belongs to either myself and/or company. I authorize Linterra Aggregates Ltd. dba. Linterra, Linterra Aggregates, Linterra Concrete ("Linterra") to hold and charge this credit card until I otherwise notify in writing of any changes. I understand that if my credit card expires or is not active in any case that Linterra has the right to put my account on hold with no product/or services to be provided until full payment is made to date to clear account balances and/or new active credit card is provided by updating a new credit card authorization form. I also understand that Linterra will apply a 2.4% credit card surcharge fee plus applicable tax(s) for payment processing that exceeds \$10,000 for purchases made on account with terms. The fee will be waived if payment is made at time of purchase even if it exceeds the payment processing limit noted.

NAME – please print	SIGNATURE	TITLE	DATE (MM/DD/YYYY)
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