



90 Performance Drive, Richmond Hill ONT. L4S 0G6
Tel) 905-771-3610 Fax) 905-771-9310

Payment Authorization Form

We _____ give authorization to Bellini to pay our sales order(s)# _____
or the amount of \$ _____ with our creditcard:



VISA



MASTERCARD



CHECK



OTHER

Please note, WE DO NOT ACCEPT AMERICAN EXPRESS

Please submit the following information:

Credit Card Number:

Expiry Date:

Cardholder's Name:

Name of Authorizer:

We _____ give authorization to Bellini to keep the above credit card
on file, to charge it whenever a new order is placed.

Thank you for your prompt attention!

Signature

Date