



# Credit Card Authorization Form

PLEASE RETURN BY FAX **416-739-8144** OR BY E-MAIL: [accounting@centennialoptical.com](mailto:accounting@centennialoptical.com)

CUSTOMER NAME		
CENTENNIAL ACCOUNTS	LENS ACCOUNT #	FRAME ACCOUNT #
	OTHER ACCOUNT(S) #	
CREDIT CARD INFORMATION	CARD TYPE <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
	CARD NUMBER	NAME OF CARDHOLDER AS ON CARD
	EXPIRY DATE	ISSUING BANK
	CARDHOLDER ADDRESS	CARDHOLDER PHONE

I, \_\_\_\_\_, herein referred to as the Cardholder, do hereby authorize Centennial Optical Limited to charge all monthly purchases on the above noted account(s) to said credit card on the day following Centennial's month end. Any discrepancies on my statement will be communicated to Centennial Optical within 15 days from the statement date. I also agree to advise Centennial Optical Limited immediately of any/all changes to the above noted credit card.

I promise to inform Centennial Optical Limited if said credit card is cancelled for any reason and/or there is a change to the expiration date on the credit card. In the event the above credit card is cancelled, I will furnish Centennial Optical Limited another credit card number.

In case of lost or stolen cards, I will notify Centennial Optical Limited immediately with the replacement card number.

The use of this method of payment excludes any other prompt payment discount.

This agreement will remain in effect until cancelled by the cardholder.

All information is kept confidential and used only for the purposes as noted above.

CARDHOLDER NAME (please print)	SIGNATURE	DATE
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