



Date: _____
 Name: _____
 Company: _____
 Suite: _____
 Address: _____
 City: _____
 Postal: _____

Dear Valued Customer,

Please complete the information below and fax this form back to us so we can set up your account for future and on-going credit card purchases. In addition please provide a copy of the front and back of your credit card that clearly shows your credit card number and your signature on the signature area.

Thank you in advance.

Frid & Russell
 Credit Department

Tel: (905) 845-2101
 Fax: (905) 845-0611

This letter is to authorize Frid & Russell Co. Limited to charge the credit card shown below for all purchases made for the following company.

Purchases for the following company:

Company Name _____	
Suite _____	Tel. _____
Address _____	Fax. _____
City _____	Postal Code _____

Credit Card Information

Card Type (<i>circle one</i>)	Visa	Mastercard	AMEX
Number _____		Expiry Date _____	
Name on Card _____		Signature _____	

