



THIBERT

TÉL. : 450-699-0560 • 1-800-361-9805 • FAX : 450-691-2619

Credit Card Authorization

Account Number: _____

Important: Any credit card provided must be in the name of the business owner or in the name of the business which appears on the customer account.

I, _____ hereby authorize Thibert to charge the credit card listed below and confirm that all information provided is accurate.

Cardholder name: _____

Credit Card Number: _____

Expiration: _____

CVV Code (3 digits): _____

Card Billing Address: _____

Cardholder signature: _____ Date : _____

All credit card payments are processed on an “as I order basis”, which may include freight or special handling charges which may be applicable to an order.

Thibert respects your privacy and collects this information only for the purpose of processing account balances for orders to your business' account. We keep all information provided strictly confidential, internal, secure and safe. Your completion of this authorization form helps us protect you from credit card fraud.

This form can be returned to the attention of **the Credit Department**

By email : credit@rthibert.com , or,

By fax : (450) 691-7518

Please note that all returns accepted for accounts paid by credit card are credited directly to the customer account and will be processed against future orders. The credit card account **will not** be reimbursed, as per our policy.