





**Credit Card Authorization Form**

Mail or Fax this form to:

**Cranberry Lane Make-it-Yourself Bodycare**  
#117 - 1611 Broadway St, Port Coquitlam, BC, V3C 2M7

Date: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(customer name) (business name if applicable)

authorize Cranberry Lane to charge my Visa or Mastercard for all purchases made through either Phone, Fax, Mail, Website, or Email.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Visa:  Mastercard:

Authorized Purchaser: \_\_\_\_\_

Authorized Purchaser: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Customer Name (print)

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed