TEAM WOOD DISTRIBUTION

A division of Richelieu Hardware Canada Ltd.

Date: _____

RE: CREDIT CARD PAYMENT AUTHORIZATION

In order to process payments by credit card, we will require the following information and authorization.

Card Type (Please circle one): ***VISA*** ***MASTERCARD***

Card Number _____

Expiry Date _____

Name of Cardholder _____

I hereby authorize Team Wood Distribution, A division of Richelieu Hardware Canada Ltd. to charge payment for all invoices due and payable for

Account Name _____

to the above credit card. This authorization will remain in effect until such time as written notification of cancellations provided.

Cardholder Authorization _____
(Signature of Card Holder)

For verification purposes, please attach a copy of both the front and back of your credit card.

Once you have completed the above information and authorization, please return this letter via fax to my attention at (604) 522-8884. Once the appropriate authorization has been provided, we will process the appropriate payments in accordance with your instructions.

Yours truly,

Bobbi McLennan
Credit Department
(604) 525-6637