PIERRE FREY, INC.
1692 Chantilly Drive NE, Suite C
Atlanta, Georgia 30324
TEL (866)707-1524 ♦ FAX (678)904-2013

CANADIAN CREDIT CARD AUTHORIZATION FORM

*All Information must be complete in order to process this application

Date: _____

Pierre Frey order/invoice number: _____

Total $ Amount: _____

Pierre Frey Account Name: _____

Pierre Frey Account Number: _____

Credit Card Billing Address:
*Billing address much match account address.

Street _____

City _____

Province _____

Postal Code _____

Phone _____

☐ VISA ☐ MASTERCARD ☐ AMEX

Card #																Security Code

Expiration Date _____

Cardholder Name
(as it appears on the card) _____

Cardholder Signature _____

Verified by _____ (initials)
(showroom personnel)

I hereby authorize Pierre Frey, Inc. to accept the indicated credit card for payment of the above referenced purchase order/invoice. I understand that the full amount of each order will be charged to my card at this time. I agree to standard credit card rules and regulations. I agree that should there be shipping damage or other disputes, I will work directly with my showroom representative and/or Pierre Frey, Inc. directly in lieu of reversing the charges on this credit card payment. Debit cards will not be accepted.

Please return by email or fax to Marie at Primavera
marie@primavera.ca or 416-921-3227 fax