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Duncan, BC. V9L 0G4 250-748-6874
www.stillhead.ca

Brennan Colebank, Owner
250-661-5365
brennan@stillhead.ca
orders@stillhead.ca

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____		CVS: _____	
Cardholder Postal Code (from credit card billing address): _____			

I, _____, authorize **Stillhead Distillery Inc.** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature: _____

Date: _____

Liquor License #: _____

Establishment Name: _____

Establishment Shipping Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Establishment Billing Address (if different from shipping address):

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Email address for receipt: _____