



A Division of Hartley Hyman Enterprises Ltd.

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AUTHORIZATION TO DEBIT MASTERCARD OR VISA CREDIT CARD

COMPANY NAME: _____

VISA OR MASTERCARD NUMBER: _____

EXPIRATION DATE: _____

FULL NAME ON CARD: _____

_____ KEEP ON FILE FOR FUTURE ORDERS

_____ FOR THIS ORDER ONLY

This is to authorize Toba Sportswear to accept telephone or fax orders from our business, charge the cost of this/these order(s) to my credit card account and ship the merchandise as requested. By signing this document, I/We am/are accepting all responsibility for these transactions to ensure full payment to the merchant. We will inform you immediately in writing if use of this credit card is to be discontinued, or if it is lost or stolen.

I understand for orders paid by Mastercard or Visa the credit card will be processed on the day the order is shipped. This applies to all accounts, including net 30 accounts.

SIGNATURE: _____ DATE: _____

As our valued customer, we look forward to continuing to serve your needs.

Toba Sportswear
Credit Department

PLEASE RETURN VIA FAX TO (204) 697-0410