

**Flowers River Outfitters  
107 Farmers Dairy Lane  
Bedford, NS Canada  
B4B 2C9**

**Credit Card Authorization Form**

**Credit Card Information:**

Name as it appears on the Card:

\_\_\_\_\_

Type of Card:  VISA  MASTERCARD

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

CVV Security code (3 digits) \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby authorize Flowers River Outfitters to charge the above listed card in the amount of  
\$ \_\_\_\_\_ CDN (a \$75 service fee will be added to this amount)

Cardholder Signature: \_\_\_\_\_

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

This signed authorization form can be faxed toll-free to 1-844-335-8333  
or emailed to [manncrosby@gmail.com](mailto:manncrosby@gmail.com)