

# ACS DISTRIBUTORS

1 800 667 5452 TOLL FREE  
1 877 442 2377 FAX

#3 3419 12 STREET NE  
CALGARY, AB T2E 6S6

## Credit Card Authorization

I hereby authorize ACS Distributors / Frostemp Inc. to charge the total amount below to my credit card.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIPPING: \_\_\_\_\_  
GST: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

Alternative Shipping & Account #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

\_\_\_\_\_

*Signature*

**Please fax back to (877) 442-2377 or (403) 735-1756**