

# **Authorization for Credit Card Use/Signature on File**

(Please call and fax a copy to the manager for each location you would like to authorize)

**FRESH on BLOOR**  
521 BLOOR STREET W  
TORONTO, ONTARIO  
M5S 1W5  
Restaurant 416 531 2635  
Office 416 849 5052  
Fax 416 915 0193

**FRESH on SPADINA**  
147 SPADINA AVE  
TORONTO, ONTARIO  
M5V 2A2  
Restaurant 416 599 4442  
Office 416 849 4664  
Fax 416 533 6568

**FRESH on CRAWFORD**  
894 QUEEN STREET W  
Toronto, Ontario  
M6J 1G3  
Restaurant 416 913 2720  
Office 416 533 9923  
Fax 416 533 6568

**\*Name of Customer/Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postal Code** \_\_\_\_\_

**\*Phone Number (This number must be given at every order):**(    )- \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*Type of Credit Card (Visa, MC, Amex, Diners):** \_\_\_\_\_

**\*Name of Card Holder:** \_\_\_\_\_

**\*Credit Card Number:** \_\_\_\_\_

**\*Expiry Date (MM/DD/YY):** \_\_\_\_\_

**\* Security Code** \_\_\_\_\_

I, \_\_\_\_\_, authorize the companies of Fresh by Juice for Life to keep my signature on file to process payment of any future transactions.

**Authorized Signature of Cardholder (Please sign here):** X \_\_\_\_\_

**When ordering please state that your credit card information is on file with us and you must verify your company name, credit card number, phone number and name of authorized signature to compare with our records. Thank you.**

**This customer authorization was verified and processed by** \_\_\_\_\_ **(manager).**

**\*Attn Staff: Customer must verify this info correctly before processing transaction.**