



## CREDIT CARD INFORMATION

Store Name: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Visa/MasterCard Number: \_\_\_\_\_

Expiry mm/yy: \_\_\_\_\_

**Card Holder's Billing Address:**

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

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**34079 Gladys Avenue  
Abbotsford, BC V2S 2E8  
Email: [receivables@pacificpet.net](mailto:receivables@pacificpet.net)**

**Phone: 604-850-1510  
Toll Free: 1-800-663-6644  
Toll Free Fax: 1-877-850-1510**



## CREDIT CARD AUTHORIZATION

Store Name: \_\_\_\_\_

I, \_\_\_\_\_ certify that I am the authorized user of the credit card provided and hereby authorize Pan Pacific Pet Ltd. to charge my credit card for all outstanding balances.

If the payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day.

Please note: When updating credit card information, such as an expiration date, you will be asked for full card details.

Card Holders' Signature: \_\_\_\_\_

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

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FOR PAN PACIFIC PET LTD USE ONLY

Customer Account Number: \_\_\_\_\_

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

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CONFIDENTIAL WHEN COMPLETED