

Express Gift Club Canada
Membership Application

Fax to 250.763.7432

Business Name: _____

Type of Business: _____

Contact Name: _____

Address: _____

Phone: _____ Fax : _____

Email: _____

Website URL: _____

Business Number: _____

GST Tax Number: _____

PST Tax Number (if applicable): _____

Years in Business: _____

Billing Address Information: _____

Type of Card: Visa Mastercard Amex

Number on Card: _____

Expiration Date: _____

Monthly Administration Payment Fee of \$15 cad plus 7% GST for total of \$16.05 cad (charged to the credit card supplied on the last business day of each month):

I hereby authorize the above monthly charge plus a one time registration fee of \$50.00 CAD plus 7 % GST, for a total of \$53.50 CAD, to the above noted credit card.

I _____ authorize Express Gift Baskets Inc. to charge the above credit card as needed for any orders I have placed with Express Gift Baskets Inc. for gift basket drop-shipping on my behalf.

Date:

Authorization Signature: