

**Third Party Shipping Authorization to CanadaRAM Ltd. 945 Alston St. Victoria, BC,
Canada V9A 3S5 Fax (250) 385-6267**

Cardholder Name: _____

Cardholder Street: _____

Cardholder City & Province: _____

Postal code: _____ Phone: _____ Fax: _____

Email: _____

Credit card Number: _____

Expiry date: _____ Security Code _____

Cardholder Name as it appears on the card: _____

I authorize CanadaRAM Ltd. to charge the amount of the goods, shipping and taxes to my charge card and to ship to the shipping address below.

Cardholder Signature: _____

Authorized third-party shipping address

To Name/Company: _____

Street Address (no PO boxes): _____

City & Province: _____

Postal code: _____ Phone: _____ Fax: _____

Someone must be at the shipping address during business hours to sign for the parcel. It cannot be left without a signature.

ATTACH LEGIBLE PHOTOCOPY OF THE CHARGE CARD FRONT AND BACK. FAX TO (250) 385-6267