



**CANADIAN HEALTH FOOD ASSOCIATION**  
235 Yorkland Blvd, Suite 201 · Toronto, ON M2J 4Y8  
www.chfa.ca · info@chfa.ca · (800) 661-4510

### Payment & Credit Card Charge Authorization

Company:

Address  City

Province  Postal Code  Phone Number

Fax  Cellular  Email

Name  Web

CHFA Invoice Number (If Applicable)  Date

#### PAYMENT INFORMATION (Payment in Canadian Funds)

Amount \$   Visa  Mastercard

Credit Card Number  Credit Card Expiry

Cardholder Name

**Authorization**

I agree to pay the total amount as entered above according to the card issuer agreement. I hereby authorize **Canadian Health Food Association** to charge the above credit card for this amount.

\_\_\_\_\_  
Signature of Cardholder

**Please complete this authorization and email it to  
Boris Sherb at bsherb@chfa.ca**

**For more information or questions, please call us at:  
1-800-661-4510 / 416-497-6939 Ext. #233**