

## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY

REGISTRATION ID:

FULL NAME:

SERVICE REQUESTED:

METHOD OF PAYMENT: *(select payment method)*

Visa  MasterCard

AMOUNT TO BE PAID

\$

CREDIT CARD NUMBER (16 DIGITS)

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EXPIRY DATE (4 DIGITS)

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CARDHOLDER'S NAME:

CARDHOLDER'S SIGNATURE: *(for authorization of payment)*

**NOTE:** An administration charge of \$40.00 (plus HST) will be levied for any declined transaction and/or incomplete or incorrect information inscribed on the authorization form. Please ensure that all information provided is complete and accurate.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

TRANSACTION COMPLETED:  Visa  MasterCard

DATE OF TRANSACTION :

INITIAL:

AMOUNT CHARGED:

\$