

Credit Card Payment Form

Name

Mailing Address

City/Town

Province

Postal Code

1. Payment Method: Visa MasterCard

2. Card Number: _____ / _____ / _____ / _____

3. Card Expiry Date: _____ / _____
 Month Year

4. Amount Authorized: _____

5. Name as it appears on the card: _____

6. Signature of cardholder: _____

Please:

- Do not send this form twice (i.e. by fax and by mail).
 - Do not provide the security code on the back of your card.
-

Office Use Only:

Date: _____

Amount: \$ _____