



Box 30, Beaverlodge, AB T0H 0C0

Phone: 780.354.2201

Fax: 780.354.2207

I, \_\_\_\_\_ authorize the Town of Beaverlodge to charge  
my credit card in the amount of \_\_\_\_\_.

Please bill my VISA

MASTERCARD

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Card Number

--	--	--	--

Expiry mmyy

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact information**

Phone (home) : \_\_\_\_\_ Phone (cell) : \_\_\_\_\_

Email: \_\_\_\_\_