



Credit Card Authorization Form

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

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CVC Number

Civic Address: _____

Name: _____

Signature: _____

Date: _____

Contact information

Phone (home) : _____ Phone (cell) : _____

Email: _____