



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Please indicate your approval for your credit card to be charged for the following:

Amount \$ _____

Cardholder's name (please print): _____

Cardholder's signature: _____

Payment by phone is not available. Your signature is required to authorize payment.

MAKE SURE YOU HAVE SIGNED THIS FORM.