



187 Paramount Heights

Calgary, AB T3K 5T3

Tel: 1-888-267-6660

Fax: 403-778-0453

GST #: 83922 3187

Credit Card Authorization Form

Please charge my following credit card for transportation and/or any other associated charges with that.

Name as it appears on credit card: _____

Credit Card Number: _____

VISA MASTERCARD AMEX EXP: ____/____ CVC : ____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Credit Card Holder Signature: _____

Date: _____

All transactions are subject to 3.5% credit card transaction charges.

****Please return this form through email ****