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CREDIT CARD AUTHORIZATION FORM

This will authorize payment for:

(A) Invoice number: _____ in the amount of \$ _____

(B) New Membership Dues \$ _____

(C) CCA/CCDC Documents _____ \$ _____

(D) Course: _____ Number of people: _____ Total: \$ _____

(E) Event: _____ Number of tickets: _____ Total: \$ _____

Company: _____

Authorized by: _____

Contact Phone #: _____

CARD INFORMATION

Visa #: _____ expiry date: _____

MasterCard #: _____ expiry date: _____

AMEX #: _____ expiry date: _____

Name of card holder (PLEASE PRINT) _____

Signature of cardholder _____
(NOT VALID WITHOUT SIGNATURE)

EMAIL OR FAX NUMBER TO SEND BACK CONFIRMATION/RECEIPT
