



1575 John Counter Blvd., Kingston, ON K7M 3L5
Office: 613-542-9431
Email: staff@kca.on.ca Website: www.kca.on.ca

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

Credit Card #: _____

Expiry Date: ____/____ CVV # _____

Name of card holder (PLEASE PRINT) _____

Signature of cardholder _____

(NOT VALID WITHOUT SIGNATURE)

EMAIL ADDRESS TO SEND BACK CONFIRMATION/RECEIPT
