



CREDIT CARD AUTHORIZATION FORM

Required information:
Date:
Name on Card:
Credit Card Type: Visa or MasterCard
Expiration Date: /
Credit Card Number:
Card Security Code:
Instructions:
<ol style="list-style-type: none"> 1. The name on the above Credit Card must match the name of the person authorizing charges 2. Sign and E-mail this form to: treasurer@westcoastkartclub.ca
Card holders signature:
<p>I,(please print name) authorize West Coast Kart Club to charge the above credit card for the about of.....(please insert amount to be charged) to my account.</p> <p>..... Signature</p> <p style="text-align: right;">..... Date</p>