



## CREDIT CARD PAYMENT FORM

### YOUR INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Invoice(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total (CAD): \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Type of Card:

Credit Card Number:

Name (as it appears on card): \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

CCV/CV2 Number: \_\_\_\_\_

Once completed please fax to:  
**1-204-487-4250**