

CANADIAN COMMUNITY ARTS INITIATIVE

Credit Card Payment Authorization

Client Name: _____

Authorized Amount: _____

Card Holder`s Name: _____

Card Number: _____

Card Type: Visa Mastercard American Express

Expiry Date: MM-YY _____

CVV (3 digits) _____ Postal Code on CC Billing Address _____

Card Holder`s Signature: _____

Date: _____

Please return this by email: arshadcan@gmail.com

For Internal Use Only

Creditcard Authorization Number: _____

Date Processed: _____

Invoice Number: _____

Comments: _____

Signature: _____