

## 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](mailto:arshadcan@gmail.com)

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For Internal Use Only

Creditcard Authorization Number: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

A credit card processing fee of 2.5% will be charged on all transactions