

## Credit Card Authorization

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**Please do not send credit card information via unencrypted email  
Please Fax Completed Form To  
403-291-0568**

- **Date:** \_\_\_\_\_
- **Customer name:** \_\_\_\_\_
- **Company name:** \_\_\_\_\_
- **Estimate or Invoice #** \_\_\_\_\_
- **Payment type:**                      **Master Card**     **Visa**
- **Credit card number:** \_\_\_\_\_
- **Expiration date:** \_\_\_\_\_
- **Name on card:** \_\_\_\_\_
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- **Client / Card holders signature:** \_\_\_\_\_
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- **Use this card for one event only**                       **Yes**                       **No**
- **Use this card for continual use  
and hold on file**                       **Yes**                       **No**