



Appendix A

Credit Card Authorization Form

SUMMER VILLAGE: _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Summer Village Address or Tax Roll #: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Email _____

Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____

Amount being Authorized: _____

Terms:

- 1) The cardholder must complete the form in its entirety.
- 2) A copy of the cardholder's driver's license must accompany authorization form.
- 3) A receipt will be issued via email upon approval of credit card.

Return by FAX: (403) 887-2897 or EMAIL: info@sylvansummervillages.ca
