

MSA 2011 Credit Card Authorization form

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| Instructions: 1. Print and complete form. 2. Sign where indicated. 3. Submit by fax <u>with a copy of your Email Online Registration Receipt.</u> Fax: 204-254-1278 | Submit to: June Krochenski 282 Hazelwood Ave Winnipeg, MB R2M 4X4 Fax: 204-254-1278 |
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Cardholder Name: _____

Email Address: _____

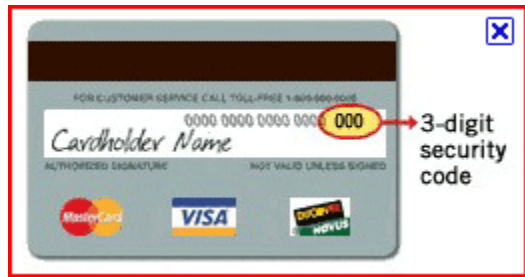
Telephone: (Example 204-925-1430) _____

I authorize a charge against my credit card in the following amount: \$_____ (Canadian)

Credit Card (choose one) MasterCard Visa

Card Number: _____

Expiration Date: Month _____ Year 20_____



Security Number: _____

Billing Address (where credit card statements are sent)

STREET _____

CITY _____ PROVINCE/STATE _____

POSTAL CODE/ ZIP _____

Cardholder Signature

Date

For questions please contact June Krochenski

Email: jkrochen@mts.net

Phone: (204) 255-5545