Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, Province, Postal _____

Phone Number _____

Date _____

Invoice number _____

or Event Date _____

Amount to be Charged _____

By signing this form, you authorize _____
to charge your card for the amount listed above.

Signed: _____ Date: _____

Central Alberta Fun Casino Inc.

Alberta / Canada

*****Your statement will reflect*****

Penhold IGA & ENT CAFC Inc

Merchant ID depending on our office location which it's processed.