

2261886 ALBERTA LTD. (780) 965-5657 info@mattfosseyent.ca Credit Card Authorization

## VF) Card Holder Information

CARDHOLDER NAME:			
BILLING ADDRESS:			
CITY:	PRO:	POSTAL CODE:	
CARD TYPE: OVISA OMASTERCARD OAMEX ODIS	COVER AMOUNT:\$_		(CND)
CARD NUMBER:		EXP. DATE:	CSC/CVN: <u>Considered of the constant of the co</u>
CARDHOLDER SIGNATURE:		DATE:	

I authorize Matt Fossey Entertainment (2261886 Alberta Ltd.) to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

PLEASE SAVE (OR PRINT & SCAN) AND EMAIL COMPLETED FORM TO:

## **INFO@MATTFOSSEYENT.CA**

YOU MAY ALSO MAIL A PRINTED & COMPLETED FORM TO:

Matt Fossey 4525 212A St. NW Edmonton AB, CA, T6M 0G8