

CREDIT CARD AUTHORIZATION FORM

To: CANADIAN TRAFFIC SAFETY
INSTITUTE INC.
PO Box 84044
2844 Bainbridge Ave.
Burnaby, BC
V5A 3W0

Date: _____ 20____

Attention: Accounts Receivable

Fax: (604) 596-1211



AUTHORIZATION TO CHARGE CREDIT CARD

I, _____, representing _____,
(print cardholder name) (print company name if applicable)

hereby permit **Canadian Traffic Safety Institute Inc.** to charge the following registration fees in the amounts shown to the credit card indicated below.

EVENT / ATTENDEE / DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	GST @ 5% \$ _____
	TOTAL CHARGE _____

Credit Card Type: Visa / Mastercard / Amex

Credit Card #: ____ / ____ / ____

Expiry Date: ____ / ____

CARDHOLDER SIGNATURE: _____

Please complete this document, print and fax to: 604-596-1211