



225 Woodman Avenue S.E.
Medicine Hat, Alberta, T2A 3H2
(403)265-0661
www.veinercentre.com

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Direct Telephone: _____

I hereby affirm that I am the owner of the below referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize UNISON at Veiner Centre (Kerby Assembly/Kerby Centre) to charge my credit card (listed below) for agreed upon purchase on or around the 20th of each month.

I understand that my information will be saved to file for future transactions on my account. I understand that I can cancel this authorization in writing 15 days before my account is charged.

Cardholder Signature

Date

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Visa Debit

Number: _____

Expiration: _____ Security Code: _____

