Canadian Simmental Association
#13, 4101 – 19 Street N.E.
Calgary, Alberta T2E 7C4

Telephone: 403-250-7979
Facsimile: 403-250-5121
Email: dleavitt@simmental.com
Website: www.simmental.com

Dear Member:

Please complete the following **one-time** Credit Card authorization and return to us.
OR check this box if you wish to leave your card on file for future purchases ☐

Account No.

CREDIT CARD PRIVILEGES

I, _____of _____

HEREBY AUTHORIZE AND REQUEST that the Canadian Simmental Association charge fees in the amount of

_____

to my **Credit Card Account No**. _____

The name on the above Credit Card is _____

Expiry Date: _____ **Security Code** (3 Digit code on back):_____

Visa: _____ **Master Card**: _____ **AmEx**: _____

CSA Account Numbers on which this card is to be used: _____

Phone No: _____

Date: _____ _____

Personal Signature of Credit Card Holder