



AUTHORIZATION FOR CREDIT CARD USE

Please complete this electronic form and return it to us. All information will remain confidential.

Name on card:

Billing Address:

Credit Card type Visa Mastercard

Credit Card Number:

Expiration Date:

Amount to charge:

Charged for:

Montly recurring: yes no

I, _____ authorize the Tofino-Long Beach Chamber of Commerce to charge the amount listed above to the credit card provided herein.

Cardholder signature: _____

Date: _____

Please complete this form and return it to us by email to info@tofinochamber.org.

Box 249, Tofino British Columbia V0R 2Z0 Tel: 250.725.3153
E-mail: info@tofinochamber.org www.tofinochamber.org

Since 1929