



**CREDIT CARD PAYMENT FORM**

(Please complete this form and fax it back to us at 604-513-2590.)

**1. Customer Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_

Comments: \_\_\_\_\_

**2. Credit Card Information**

Type of Credit Card:  /  \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (Month / Year)

Name on the card: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_