
Credit Card Payment Authorization

CONTACT DETAILS

Company Name: _____

Primary Contact Person: _____

Phone Number: _____

Email: _____

PAYMENT AUTHORIZATION

I hereby authorize Westerner Park to process all charges for services invoiced to the following credit card:

Card Number: _____

Name on Card: _____

Expiry Date: _____ / _____
MM YY

Date: _____

Card Holder Signature: _____

