

Credit Card Authorization

Name:								
	(first name)	(last name)		(member type if applicable) (member # if applicable)				
I authorize the Al	BCFP to charge the	e following to my:	Visa	MasterCard				
Amount: \$			Item	Purchased:				
					Expiry Date:	/		
Account Number:						mm	уу	
Name on Card:					ABCFP Office Use Only			
Signature of Card Holder:					Received:			
-					Authorization: _			

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