



Chief Administrative Office  
 502 – 2<sup>nd</sup> Avenue  
 P.O. BOX 299  
 BASSANO, AB T0J 0B0

“The Best in the West by a Damsite”

PHONE: 641-3788  
 FAX: 641-2585  
[www.bassano.ca](http://www.bassano.ca)

**CREDIT CARD AUTHORIZATION FORM**

For our mutual protection, please complete the following form in full and fax to 403-641-2585 or email [bassanopool@hotmail.com](mailto:bassanopool@hotmail.com)

I the undersigned, authorize the Town of Bassano to apply to my credit card the following charges:

Swimming Lessons/Program (Name, Level, Session, Price): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seasons Pass (Senior, Adult, Youth, Child) Name: \_\_\_\_\_

\_\_\_\_\_

Punch Card (Senior, Adult, Youth, Child) Name: \_\_\_\_\_

\_\_\_\_\_

Please specify other \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Visa  MasterCard

CREDIT CARD HOLDER NAME \_\_\_\_\_

CREDIT CARD HOLDER SIGNATURE \_\_\_\_\_

CREDIT CARD HOLDER'S FULL ADDRESS \_\_\_\_\_

\_\_\_\_\_

CREDIT CARD HOLDER PHONE NUMBERS:

\_\_\_\_\_ Business

\_\_\_\_\_ Fax

\_\_\_\_\_ Residential