



"The Best in the West by a Damsite"

Chief Administrative Office
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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 town@bassano.ca

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

Utility Bill Licence (Business, Dog, Cat) Pool fees

Facility Rental Certificate of Compliance/Tax Certificate Other

Preauthorized payment for Utilities Yes___ No___

Please specify other _____

Amount \$ _____

CREDIT CARD NUMBER _____

Expiry Date: ___/___/___ Card Verification Code (Back of card) _____

Visa MasterCard

CREDIT CARD HOLDER NAME _____

CREDIT CARD HOLDER SIGNATURE _____

CREDIT CARD HOLDER'S FULL ADDRESS _____

CREDIT CARD HOLDER PHONE NUMBERS:

_____ Business _____ Fax _____ Residential