



Chief Administrative Office
 502 – 2nd 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

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 Verifivation 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 _____