

## Credit Card Authorization Form (ACP Course)

### Authorization Details

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Name:

Phone Number:

Fax:

Date:

Company Name:

Address (Where credit card statement is received):

### Authorization

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I HEREBY AUTHORIZE Air Georgian Ltd to bill the following:

Personal                      Company

Type of Card:

Card Number:

EXP Date:

Name on Card:

CV# (3 digit security code found on back of the card):

I authorize the invoiced amount of \$                      (CDN Dollars) to be billed to the above credit card number.

\_\_\_\_\_  
SIGNATURE/AUTHORIZATION

\_\_\_\_\_  
DATE

*\*Please fill out the form and fax it to the attention of Tim Crits at Fax: 905.676.1151.  
Should you have any questions please contact Tim at Phone: 416.997.2760*

**Print**