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CREDIT CARD AUTHORIZATION FORM

*In lieu of my credit card imprint, I, _____ hereby authorize the **Interior Provincial Exhibition Association**, to make charges in the amount of _____ to my Credit Card.*

Vendors Name _____

Phone: _____

Fax: _____

Email: _____

Credit card Type: Visa ___ MasterCard ___ (Only Visa and MasterCard are accepted)

Credit Card Number _____ Expiration Date _____

Last three digits on the back of the credit card _____

Cardholder's Name (as it appears on credit card): _____

Card Holder's Billing Address (where credit card statements are sent):

Cardholder's Signature: _____

Date: _____

Note: Please complete this form and

Fax to: 1-250-546-6181

Or Email to: terry@armstrongipe.com