



INTERIOR PROVINCIAL EXHIBITION AND STAMPEDE

3010 Wood Avenue
P.O. Box 490 Armstrong, B.C. V0E 1B0

Tel. (250)-546-9406

Fax. (250)-546-6181

Website: www.armstrongipe.com

email: terry@armstrongipe.com

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