

The Niagara Parks Commission Credit Card Authorization Form

Cardholder Information:

Customer/Company Name: _____

Contact Name if Different than Cardholder: _____

Cardholder Billing Address: _____

City: _____; Prov _____ Postal _____

Contact Number: () _____ - _____

I authorize a one-time charge against my credit card for the following amount \$ _____

CARD HOLDER SIGNATURE _____ DATE _____

I authorize The Niagara Parks Commission to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect only for the dates listed above until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

**Please Return this form to Carolyn Paterson, Niagara Parks School of
Horticulture, PO Box 150, Niagara Falls, ON L2E 6T2**

Event Information:

Attractions Consignment Culinary Events Golf Picnics Weddings

Other: _____

NPC Sales Rep: _____ Reservation # _____

Date received: _____ By: _____

Account Type: Visa Mastercard Amex Discover

Cardholder Name: _____

Card Number _____

Expiration Date: _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____