

Canadian Food Safety Group

MasterCard/VISA Authorization Form

Fax to CFS Group at 403-236-3767

Please complete the following (PRINT CLEARLY PLEASE):

Visa or MasterCard (Please Circle One)

Card Holder Name:
(exactly as it appears on card)

Card Number

Expiry (MM/YY)

_____ Last 3 digits on back of card _ _ _

Billing Address:

Phone:

E-mail:

Please charge \$ _____ on the above MasterCard/VISA card
for the following:

(Please indicate event or item being purchased and Invoice number)

Office Use Only

Date: _____

Total: \$ _____

Auth#: _____

If the name of the person being registered is different from the card holder name above,
please indicate who this payment should be applied against:

Read and sign.

I authorize the use of my bank card for payment of the fee(s) in the amount noted above
to Canadian Food Safety Consulting Group Ltd. I also agree to pay the total amount of
the charge to the card issuer according to the cardholder agreement.

Signature of Card Holder

SAFE CHECK SYSTEMS

62 MOUNT YAMNUSKA CRT. SE, CALGARY, ALBERTA, T2Z 2Z7 888-223-8551

info@canadianfoodsafety.com