



Canadian Food Safety Group

MCARD/VISA AUTHORIZATION FORM

Fax to CFS Group at: 1-888-223-8551

Please complete the following (please print clearly)

Card Holder Name: _____

Card Number: _____

Expiry (MM/YY): ____/____ CVV: ____

Billing Address: _____

Phone: _____

E-Mail: _____

Please charge \$ _____ to the above credit card for the following (Please indicate the event or item being purchased and the invoice number if available)

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

Read and Sign below:

I authorize the use of my credit card for payment of the fee(s) in the amount noted above, to Canadian Food Safety 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



Canadian Food Safety Group
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