

5160 SKYLINE WAY NE  
CALGARY, AB T2E 6V1



403.291.7077  
CMAA@MAINE-ANJOU.CA

# Credit Card Authorization

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Canadian Maine-Anjou Association to charge any fees for services to be carried out by The Canadian Maine-Anjou Association including but not limited to; Registrations, DNA Testing, Membership and any other miscellaneous fees carried out on my behalf.

## Card Details

Visa

Mastercard

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code (3 Digits on Back): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

PREPAYMENT FOR SERVICES IS REQUIRED PRIOR TO WORK BEING PROCESSED