



PTAC

**PETROLEUM
TECHNOLOGY
ALLIANCE
CANADA**

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Email: _____

Telephone: () _____

INVOICE INFORMATION

Purchasing Company: _____

Invoice No: _____

Dollar Amount: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____ Date _____

CVD:

Please complete and email form to ymuzaffar@ptac.org for processing.