

320 Newkirk Road, Richmond Hill, ON L4C 3G7 416-999-4870

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Toronto Kart Club** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

| Please complete the information | tion below: | | |
|--|--------------------------------|---------------------------|-----------------------|
| I(full name) | _ authorize Toronto Kar | t Club to charge i | my credit card |
| account indicated below for(am | ount) on or after | (date) | . This payment is for |
| Wasaga Grand Prix Event Regist (description of goods/services) | ration. | | |
| Billing Address | | Phone# | |
| City, State, Zip | | Email | |
| | | | |
| Account Type: Visa |] MasterCard | MEX | |
| Cardholder Name | | | |
| Account Number | | | |
| Expiration Date I | Billing Postal Code | | |
| CVV2 (3 digit number on back of Vis | sa/MC, 4 digits on front of | AMEX) | |

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.