

Please send the completed form to [hello@thecva.org](mailto:hello@thecva.org).

## Automatic Credit Card Billing Authorization Form

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Member Information		
Member / Company Name:	Member Contact Email:	Phone:

Start billing on:      /    /                  End billing when:     ☐ Contract expires: \_\_\_\_\_  
    ☐ Donor provides written cancellation

Credit card type:	Credit card number:	Expires:
<hr/>	<hr/>	<hr/>
Cardholder's name:	Cardholder's postal code (required):	
<hr/>	<hr/>	
(as shown on credit card)	(from credit card billing address)	
Cardholder's Signature:	Date	

By signing above, you declare that you have fully understood the agreement and all the information contained herein and have authorized The Canadian Vaping Association to retain this information for the use in future charges unless otherwise noted.