The Canadian Vaping Association

Please send the completed form to hello@thecva.org.

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Member Information			
Member / Company Name:	Member Contact Email:	Phone:	
Payment Information			
I authorize The Canadian Vaping Asso	ociation to automatically bill	the card listed below as	s specified:
Amount:	Frequency:	/ Monthly	√ Annually
Start billing on: / /	End billing when:	Contract expires: Donor provides written cance	ellation
Credit Card Information			
The Canadian Vaping Association acc	epts the following credit card	ds: Visa, Mastercard, Di	scover
Credit card type:	Credit card number:		Expires:
			/
Cardholder's name:		Cardholder's postal code (re	equired):
as shown on credit card)		(from credit card billing address)	
Cardholder's Signature:		Date	

I certify that the above statements and information made in this Agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In the case of any issues or disputes concerning this transaction, I will notify The Canadian Vaping Association promptly to rectify the situation prior to notifying my credit card company.

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.