



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT & COMPLETE THIS FORM AND RETURN IT TO US

All information will remain confidential

Organization Name and SchoolID #: _____

Cardholder Name : _____

Billing Address: _____

Credit Card Type: VISA ____ MASTERCARD ____ AMEX ____

Credit Card Number: _____ Expiry Date: ____

Amount to Charge: \$ _____

I authorize Dieleman Fundraising Sales to charge the agreed amount listed above to the credit card information provided.

Cardholder - Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once you have filled out the information please fax or email the completed form to our office.

customerservice@dfscanada.com

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