



FEASTival of FINE CHEFS
September 20th 2017
CREDIT CARD AUTHORIZATION FORM



Alberta Food Processor Association
100w, 4760-72 Ave. SE
Calgary, AB T2C 3Z2
PH: 403-201-3657 ext. 21

INFORMATION (please print)	BILLING INSTRUCTIONS
NAME _____	Amount _____
COMPANY _____	Our GST# 10669-3377-RT
ADDRESS _____	Reserve my tickets/table(s) under the following name: _____
CITY, PROV. _____	# of tables of 8? _____ # of single tickets? _____
Postal Code _____	OTHER Requirements (PLEASE SPECIFY) _____ _____
EMAIL _____	
PHONE _____	

You should receive your tickets in the mail within 14 days or less, if you do not, contact us.

BILL TO CREDIT CARD	
CREDIT CARD NUMBER: _____	
EXPIRY DATE: ____/____	Visa or Master Card (circle one)
CARD HOLDER'S NAME: (please print) _____	
<i>I authorize AFPA to charge my credit card for those purchases as indicated and intend such signature to bind me the same as if I had personally signed. I will not charge back and waive any and all rights to charge back, cancel or dispute the charges. I agree to pay such purchases and will not hold AFPA responsible for any actions pursuant to this credit card authorization form.</i>	
CARD HOLDER'S SIGNATURE: _____	DATE: _____

FAX BACK TO: 403-201-2513 email to info@afpa.com or mail

A receipt will be mailed to you with your tickets to arrive within 2 weeks of your purchase.

This form is also available online at www.afpa.com click on events then FEASTival of Fine Chefs

