

2017 CTCPA NATIONAL FINALS PAYMENT INFORMATION FORM

Name: _____

Payment Type: _____ (Cash, Cheque, Visa, Mastercard, Other)
– Sorry etransfers / online payments are NOT ACCEPTED at this time)

Credit Card Number: _____

Expiry Date: _____

Total Amount: _____

Signature: _____

Email Address: _____

Please provide details if making a payment for someone else:

Name: _____

Amount: _____

Comments: _____
