



Sunshine Valley Community Co-Operative Club

CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
SV LOT NUMBER					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC			
TYPE OF ACCOUNT	PERSONAL			BUSINESS	
COMPANY NAME					
ACCOUNT NUMBER					
EXPIRATION DATE					CCV Number on back of card
BILLING ADDRESS					
CITY		STATE/PROV		ZIP CODE	
PHONE				FAX NUMBER	
EMAIL					

I HEREBY AUTHORIZE THE SCCC TO BILL MY CREDIT CARD FOR THE FOLLOWING CHARGES; (please sign next to your option)	
\$120.00 Every four months (3x per year) for regular SCCC fee's	
One time charge of \$ _____	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.</p> <p>I hereby authorize Sunshine Valley Community Co-Operative Club (SCCC) to bill my credit card for the charges indicated above.</p> <p>This Credit Card Authorization may be canceled in writing at anytime by the Card Holder but all service cancellations require 30 days advance notice or the next month of service fees will still be deducted from the credit card unless other arrangements have been made.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	

Please complete and return to;

Sunshine Valley Community Co-Operative Club,
 C/O Grove Bookkeeping
 PO Box 250, Suite #B - 366 Wallace Street, Hope, BC V0X 1L0 Canada
 Scan and email to; grvbk@telus.net or Fax to (604) 869-3351

