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Dear Member,

Please complete Credit Card Privileges form and return to us by email, fax or mail at your earliest convenience if you would like to pay for services / products by credit card.

Account No. _____

CREDIT CARD PRIVILEGES

I, _____ of _____

HEREBY AUTHORIZE AND REQUEST that the Canadian Limousin Association charge any fees to process and complete Limousin registry services, memberships, lab fees, or such other miscellaneous services and products as requested by myself

to my Credit Card Account No. _____

Name as shown on card: _____

Expiry Date: _____ CVC: _____ Visa: _____ Mastercard: _____

CLA Account No(s) on which this card is to be used: _____

Phone No: _____

Date: _____

Personal Signature of Credit Card Holder