

3378 15th Avenue SW.  
Medicine Hat, AB T1B 3W5



1.866.886.1605  
limousin@limousin.com

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