



RAVENS
CARLETON UNIVERSITY

Credit Card Authorization Form

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE _____

PHONE: (H) _____

(O) _____

FAX# _____

EMAIL: _____

CREDIT CARD: Please circle one VISA MasterCard

CREDIT CARD #: _____

EXPIRY DATE: _____

CAHL Winter 2017-18 Payment Schedule

July 31st, 2017	\$500.00
September 15th, 2017	\$2,700.00
October 15th, 2017	\$2,700.00
Total:	\$5,900.00

SIGNATURE: _____