



PAMA GOLDEN KNIGHTS ACADEMY

CREDIT CARD AUTHORIZATION FORM

COMPANY/ ORGANIZATION NAME: _____

VISA #: _____ / _____ / _____ / _____ EXPIRY: _____ CVV# _____

M/C#: _____ / _____ / _____ / _____ EXPIRY: _____ CVV# _____

NAME AS IT APPEARS ON CARD: _____

***YOU MUST INCLUDE YOUR CVV # ON BACK OF CARD**

WESTMOUNT DISTRIBUTORS INC. IS A PREFERRED SUPPLIER TO PAMA GOLDEN KNIGHTS ACADEMY (PGKA). VISA/MASTERCARD ARE PAYMENT OPTIONS AT WESTMOUNT DISTRIBUTORS INC. IF YOU PREFER TO PAY FOR FUTURE PURCHASES ON YOUR CREDIT CARD PLEASE COMPLETE THE REQUIRED INFORMATION BELOW AND RETURN THIS FORM

IF THE STATED CREDIT CARDS ARE DISCONTINUED, WE SHALL INFORM PAMA GOLDEN KNIGHTS ACADEMY IN WRITING

CUSTOMER SHALL PROVIDE CLEAR IMAGE OF THE FRONT AND REAR OF THE CREDIT CARD AND DIGITAL SCAN COPY OF THE SIGNED CREDIT CARD AUTHORIZATION FORM BY EMAIL TO sales@pamagoldenknightsacademy.com.

CARDHOLDER SIGNATURE: _____

DATE: _____