MHSA CREDIT CARD APPROVAL FORM

Name:_____
(as it appears on Credit Card)

Credit Card

____ Mastercard ___ Visa Expiry Date:____/___

Signature: _____

Total amount: _____
Note: Please include GST.
MHSA GST # : R129113726

Firm/Organization Name: _____

Street Address: _____

City: _____ **Postal Code:** _____ **Telephone #:**_____

Name of Course:_____

Course Date: _____

Invoice Number: _____

Return to:

Municipal Health and Safety Association
450A Britannia Road East
Mississauga, Ontario, L4Z 1X9
Bus: (905)890-2040 or Fax (905)890-8010