



Payment Authorization Form

PLEASE FAX THIS FORM TO (604) 432-1756

ATTENTION: KATE

This form is to certify that I, _____
of _____ do hereby give authorization to the
(company name)
Automotive Retailers Association to debit my credit card/account for the following:

Green Garage Program Total \$ _____

Payment by:

Check Invoice Credit Card

_____/_____
(credit card number) (expiry date)

(signature of cardholder) (date)

Please note: No confirmation slip will be provided unless indicated below

Fax to: _____

OR

Email to: _____

ARA: Unit 1 - 8980 Fraserwood Court, Burnaby BC, V5J 5H7

Telephone (604) 432-7987 Fax (604) 432 - 1756