



ACCOUNT PAYMENT BY CREDIT CARD

---

I authorize the Alberta Weekly Newspapers Association to use my credit card for payment for the following invoice(s):

Company Name \_\_\_\_\_

Invoice # (s) \_\_\_\_\_

\_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

month/year

Card Type (circle) Visa, MasterCard, or American Express

Name on the Card \_\_\_\_\_

Signature \_\_\_\_\_

3228 Parsons Rd.  
Edmonton, AB T6N 1M2  
Phone 780-434-8746  
Fax 780-430-5380