

Sandstone Centre

6201A – 49th Ave. Lloydminster, SK S9V 2G3

Credit Card Payment Authorization

Company Name: _		
Invoice # (s) :		
Credit Card #:		
Expiry:		
Name on Card:		
	IZE SANDSTONE CENTRE TOVE AMOUNT MONTHLY.	TO DEBIT MY CREDIT
Date:	Authorized Signature: _	
	Authorized Signature: _	
		(if needed)
Please fax the followin	g sheet to:	
Attention: Amber Ben Fax: 306-825-5147 The Lloydminster Sou		

Box 2454

Lloydminster, SK S9V 1W5