



**2017 NCHA
PRACTICE PEN
CHEQUE/CREDIT CARD AUTHORITY FORM**

I,.....(name)
of.....
.....(address)
..... (Signature)

Request that the NCHA office take the required payment from my credit card account and/or Signed Cheque (attached) for my Practice Pen account at the completion of the Show

I understand that all credit card transactions incur a 1.5% transaction fee. Dishonoured Cheques and declined credit card payments will incur a \$30.00 dishonour fee.

I declare there are sufficient funds be made available in my Credit Card/Cheque Account.

My credit card details are as follows:

Payment Details - PLEASE PRINT CLEARLY

Card Holders Name_____

Card Holders Signature_____

(B/C, M/C VISA only accepted)

Credit Card Number ___/___/___/___ Exp Date __/___