

TERMINAL CITY CLUB

PRE-AUTHORIZED CREDIT CARD FORM

FOR YOUR PROTECTION & SECURITY

Do not send credit card information in by email. We advise that this form be submitted in-person, by fax, or post to:

MAIL/IN-PERSON Terminal City Club (Attn: A/R)
837 West Hastings Street
Vancouver BC, V6C 1B6

FAX Attn: A/R
604 681 9634

MEMBER INFORMATION

NAME

MEMBER NUMBER

DATE (MM/DD/YYYY)

BILLING INFORMATION

NAME

BILLING ADDRESS

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

CARD TYPE

☐

visa

☐

mastercard

☐

amex

NAME ON CARD

CARD NUMBER

EXPIRY

CVV CODE

AUTHORIZATION

I hereby authorize Terminal City Club to charge all amounts due and owing by me to Terminal City Club on the third business day of each month to the above-noted credit card. I confirm that I am the cardholder and that I am authorized to charge purchases to the above-noted credit card.

CARDHOLDER SIGNATURE