



200-78 Innovation Drive, Winnipeg, MB R3T 6C2  
TEL: (204) 480-3333, FAX: (204) 480-0345, 1-800-728-7933  
www.itc.mb.ca

## Credit Card Receipt

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

Individual's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Description: \_\_\_\_\_

Invoice: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

---

## Authorization and Payment Information

Credit Card:

Visa       MasterCard       American Express

Credit Card Number: \_\_\_\_\_

Credit Expiry Date: \_\_\_\_\_  
Month      Year

Client's Signature: \_\_\_\_\_

Authorization No: \_\_\_\_\_ Date Deposited: \_\_\_\_\_