Credit Card Information Form

Cardholder Name: _____

Rider Name: _____

Card Type: Visa ☐ Mastercard ☐

Card Number: _____

Expiry: ___/___ CVV: _____

Email: _____

Phone:_____

I give Keno Hills my authorization to pay on my account with my credit card, as listed above for services rendered. I will receive an invoice to verify charges and will advise if there are any discrepancies prior to the next invoicing period.

Date: _____ Signature: _____