

**CREDIT CARD PAYMENT AUTHORIZATION FOR
NEXT LEVEL GOALTENDING DEVELOPMENT INC.**

*Please phone or fax this information to:
604-504-1849*

Student Name: _____

Program Description: _____

Amount: \$ _____

Circle One: Visa Mastercard

Card Number: _____

Expiry date: _____

Name on Card: _____

***By signing below I agree to the terms and conditions set out in the
Next Level Goaltending Development Inc. brochure
Including the refund and cancellation policy.***

Signature: _____ Date: _____

I authorize the above charges to my credit card entered above.