## TASMANIAN CANINE ASSOCIATION INC. PAYMENT BY CREDIT CARD

	PAYMENT BY CREDIT CARD
Please debit my	Mastercard Visa For the amount of \$
Card expiry date _	/CVV Number(Last 3 digits on reverse of card)
	Card Holder Name:
Signature:	
TASMA	ANIAN CANINE ASSOCIATION INC. PAYMENT BY CREDIT CARD
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	Card Holder Name:
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(ADDITIONAL PAYMENT BY CREDIT CARD SLIPS WILL BE FORWARDED ON REQUEST)