



Halifax Mooseheads Hockey Club

5284 Duke Street, Halifax, Nova Scotia, B3J 3L2

Phone 902 429-FANS (3267)

Fax 902 429-0246

Email tickets@halifaxmooseheads.ca

I, _____, hereby authorize the Halifax Mooseheads Hockey Club to charge my credit card.

Customer Account #			
Credit Card Type	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	AMEX <input type="checkbox"/> VISA Debit <input type="checkbox"/>
Credit Card #			
Expiry Date		CVV	
Name on Card (Please Print)			
Amount to be charged			
Payment Plan			

I request that the Halifax Mooseheads Hockey Club keep this credit card number on file for future use. I understand that it is my responsibility to advise the Halifax Mooseheads Hockey Club if this service is no longer required or if my credit card information has changed.

One Time Charge <input type="checkbox"/>	Multiple Charges <input type="checkbox"/>	Automatic Billing Plan <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		Date (DD/MM/YYYY)

Please return completed form to the Halifax Mooseheads Season Ticket Office:

Mail: 5284 Duke St, Halifax, NS B3J 3L2

Fax: 902-429-0246

Email: tickets@halifaxmooseheads.ca

Credit Card Authorization Form