

7TH Annual • Fort Smith TRADE \$HOW



Saturday, April 28, 2012

Fort Smith Centennial Arena • 9 a.m. to 5 p.m.

Credit Card Billing Information

Business Name: _____

Name on Card: _____

Address: _____

Town: _____ Province: _____

Postal Code: _____

Credit Card # _____

Expiry Date: Month _____ Year: _____

CVS: _____

Authorized Signature: _____

Date: _____

Please Note: Your Credit Card account number will be destroyed after charges are authorized.

Your statement will show a charge to the Town of Fort Smith.

Fax number for receipt: _____