

Crooks Lake / Flowers River / Hawke River Outfitters
107 Farmers Dairy Lane
Bedford, NS Canada
B4B 2C9

Credit Card Authorization Form

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

CVV Security code (3 digits) _____

Credit Card Billing Address:

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Telephone: _____

I hereby authorize Hawke River Outfitters (*) to charge the above listed card in the amount of
\$_____ (a 2% service fee will be added to this amount)

Cardholder Signature: _____

Date: _____

(*) Charges will appear as "**Hawke River Outfitters**" on your credit card statement, no matter which
camp you will be visiting.

Charge is related to:

- Crooks Lake Lodge
- Flowers River Outfitters
- Hawke River Outfitters

This signed authorization form can be faxed toll-free to 1-844-335-8333
or emailed to manncrosby@gmail.com