

CREDIT CARD AUTHORIZATION

(1 per course)



The undersigned authorizes Mustagh Resources LTD. to charge the credit card as per the information below:

Amount to be charged: \$ _____
Course Name: _____
Date: _____
Participant name: _____

Card Type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Card Number:	_____	
Expiry Date:	_____	
Name on Card:	_____	
Signature:	_____	

Refund Policy:
75% refund if cancelled 2 weeks prior commencement of the course
25% refund if cancelled 1 week prior commencement of the course
0 % refund if cancelled within 3 working days

I have read and accepted the refund policy: _____
Signature

Please fax or send by e-mail to Mustagh Resources:

[Mustagh Resources Ltd.](http://www.mustagh.com)
[Phone: 1-403-265-5255](tel:1-403-265-5255)
[Fax: 1-403-609-3877](tel:1-403-609-3877)
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