



COCHRANE LAKE GAS CO-OP LTD.

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**OPTION PAY / CREDIT CARD
VISA, MASTERCARD or AMERICAN EXPRESS**

(Please Print Clearly)

First Name:	Last Name:
Street Address:	
City:	Province:
Postal Code:	Phone:
Email:	Cell Phone:

Full Name on Card:	
Credit Card Number:	
Expiry:	CSV (3 digit # back of card):

I authorize OptionPay to charge my credit card for the purchase of the OptionPay Payment Card and load fee (approx. 3%).
I also acknowledge that this charge will appear on my credit card statement as OPCARD.CA UTILITY SRVS.

I understand funds will be remitted to my
gas account number _____ of each month.

- One time
 Monthly

AUTHORIZED SIGNATURE

DATE