

Saskatchewan Association of Architects

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PAYMENT REMITTANCE FORM

CDEDIT ACCOUNT OF				
CREDIT ACCOUNT OF:				
NAME IN FULL:				
TATALLE THE TOLL.	(Surname)	(First Name)		(Initial)
ADDRESS:				
	(Street)	(City)	(Province)	(Postal Code)
TELEPHONE	(Business)			
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EMAIL:				
REASON FOR PAYMENT:				
AMOUNT OF PAYMENT:				
PAYMENT INFORMATION:				
Cheque Visa	Mastercard			
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