



COURIER: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244, Victoria, BC V8W 9J2
FAX: 250.920.7181 **P:** 604.320.1664 **TF:** 1.888.564.9963
EMAIL: operations@consumerprotectionbc.ca
www.consumerprotectionbc.ca

ADDITIONAL LICENSED LOCATION
Payday Lender

The personal information requested in this form is collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the *Business Practices and Consumer Protection Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

ADDITIONAL LICENSED LOCATION INFORMATION

Please note: Each additional payday lending location requires a separate licence.

1. Legal name:
(Exact name in CAPITAL LETTERS)
2. Trade/DBA names (if any):
(Exact name in CAPITAL LETTERS)
3. Physical address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Location Telephone: (.....)
6. Location Fax Number: (.....).....
7. E-mail Address
8. **Manager** who will have charge of the applicant's payday lending business at this location:
Name:
(Surname) (First Name) (Middle Names in Full)
General Manager Manager Director of Operations Other:
Phone Number (.....) E-mail Address
9. **Administrative Contact (person to contact regarding licensing and related issues):**
Name:
(Surname) (First Name) (Middle Names in Full)
Phone Number (.....) E-mail Address
10. **Complaints Contact (person to contact regarding consumer complaints):**
Name:
(Surname) (First Name) (Middle Names in Full)
Phone Number (.....) E-mail Address

APPLICANT DECLARATION

The applicant hereby:

1. Certifies that I/we have obtained, read and understood the *Business Practices and Consumer Protection Act* and Payday Loans Regulation;
2. Certifies that all the information given in this application is true and correct to the best of my/our knowledge and belief;
3. Gives permission to Consumer Protection BC to verify relationships, memberships and all other matters in this application;

Authorized signing officer of Payday Lender applicant:

Signature: Print Name:

Date: Title:



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Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
 (E.g. Renewal, New Application, Changes, etc.) (if known)

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: American Express MasterCard Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

Maximum payment authorized \$ _____

Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

Credit Card Number:

Expiry Date (m) (y)

CVV Number

OFFICE USE ONLY	
Receipt #	_____
Date	_____
Amount	_____
Auth. #	_____

Cardholder Signature: **X** _____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.