



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
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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:

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Expiry Date (m)

--	--

 (y)

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CVV Number

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Cardholder Signature: **X** _____

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

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.