

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:** 1 888 777-4393

www.consumerprotectionbc.ca

TELEMARKETER

CHANGE OF BUSINESS INFORMATION

| TELEMARKETER NAME: | |
|--|---|
| DOING BUSINESS AS: | |
| LICENCE NUMBER: | |
| Type of Change | |
| Effective Date of Change: | |
| ☐ MY LICENSED LOCATION IS ☐ CHANGE / ADDITION / DELI Attach a certificate from the | DCATION ADDRESS - <u>\$FEE REQUIRED</u> , \$57 IS ALSO MY MAILING ADDRESS LETION OF TRADE NAME - <u>\$FEE REQUIRED</u> , \$57 BE BC Registrar of Companies certifying the change/addition of Corporate Name and/or Trade Name(s) |
| ☐ CHANGE OF CORPORATE ☐ CHANGE OF BUSINESS MO | |
| | Business located within BC: Additional number of *FTE's engaged in distance sales or 3 rd party fundraising work from this location |
| | *A Full Time Equivalent (FTE) represents 1957.5 hours of distance sales or 3 rd party fundraising work for the licence year October to September rounded to the closest whole number. |
| DETAILS OF CHANGE | |
| From: | To: |
| Signature: | Date: Authorized Signing Officer Title: |
| | se Print |
| PLEASE MAIL OR FAX CHEQUES: in Canadian Funds Paya | THIS FORM WITH APPLICABLE PAYMENT TO CONSUMER PROTECTION BC able to CONSUMER PROTECTION BC Protection BC credit card payment authorization form available at |

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A service charge applies on dishonoured payments. See current fee schedule.



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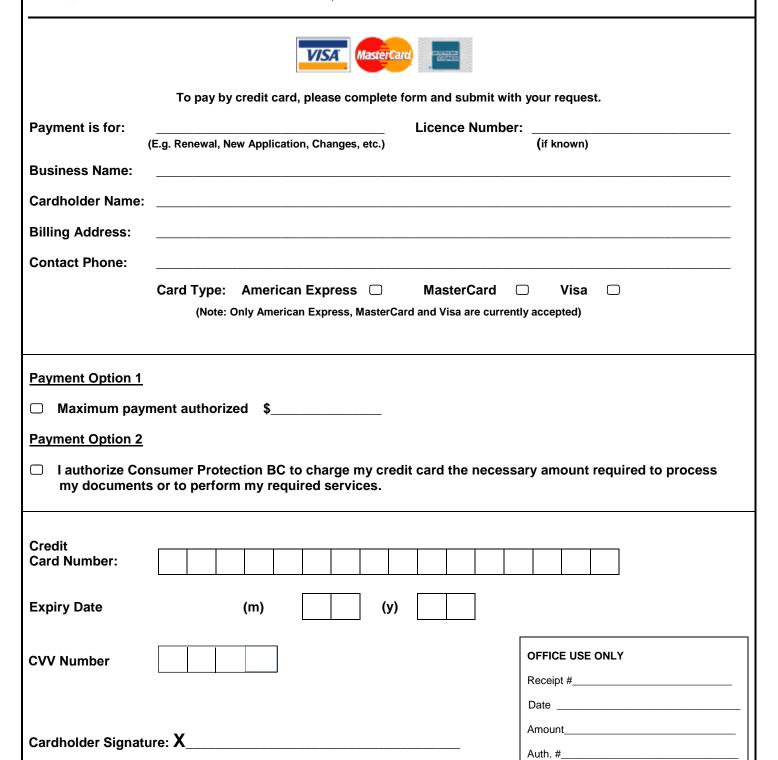
Mail: PO Box 9244 Victoria, BC V8W 9J2

Fax: (250) 920-7181 P: (604) 320-1664 TF: 1 888 564.9963

Email: operations@consumerprotectionbc.ca

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Credit Card Payment Authorization Form



<u>Privacy Statement:</u> 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.