



COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244 Victoria, B.C. V8W 9J2
FAX: (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888.564.9963
EMAIL: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

**CREDIT CARD
 PAYMENT
 AUTHORIZATION
 FORM**

BUSINESS INFORMATION

Business Name: _____
 Doing Business As: _____ Licence Number: _____

PAYMENT

Payment for: (check all that apply)

- New Application
- Notice of Change
- Inspection Recovery Fee - Case # _____
- Reconsideration - Case # _____ (if applicable)
- Other _____
- Renewal
- Late Fee
- Administrative Penalty - Case # _____

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 INFORMATION



Card Type MasterCard Visa American Express

Cardholder Name: _____

Card Number

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Expiration Date (mm/yy)

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CVV:

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Cardholder Name: **X**

Please email credit card authorization form with your request to: operations@consumerprotectionbc.ca