CONSUMER PROTECTION BC

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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 | | | |

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.