



COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9
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EMAIL: classadmin@consumerprotectionbc.ca
WEBSITE: www.consumerprotectionbc.ca

CREDIT CARD PAYMENT AUTHORIZATION FORM

BUSINESS INFORMATION

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

PAYMENT

Payment for: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Notice of Change | <input type="checkbox"/> Late Fee |
| <input type="checkbox"/> Inspection Recovery Fee - Case # _____ | <input type="checkbox"/> Administrative Penalty - Case # _____ |
| <input type="checkbox"/> Reconsideration - Case # _____ (if applicable) | |
| <input type="checkbox"/> Other _____ | |

Payment authorization

- I authorize Consumer Protection BC to charge my credit card for the agreed upon services. I understand that my information will be saved on Consumer Protection BC's secured payment platform to file for future transactions on my account.**

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 Signature: **X**

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