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**CREDIT CARD
 PAYMENT
 AUTHORIZATION
 FORM**

BUSINESS INFORMATION

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

PAYMENT

Payment for: (check all that apply)

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

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

Expiration Date (mm/yy)

CVV:

Cardholder Signature: **X** _____

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