



## Important Notice

We can no longer accept the previous 'Payment Authorization Form'. Please provide your information below to let us know that you would like to pay by credit card and we will call you to process the payment.

- Your application will NOT be processed until we have received payment.
- Submit the form together with your application by email, fax or mail (see [www.frontcounterbc.ca/credit-card-payments/](http://www.frontcounterbc.ca/credit-card-payments/) for instructions).

Company/Organization \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

would like to pay

\$ \_\_\_\_\_ by credit card (VISA, MasterCard or American Express)

Type of Authorization

for \_\_\_\_\_

Phone Number

Please call me at \_\_\_\_\_ to take my payment.

Comments (best time to call, alternate phone number, etc.)

\_\_\_\_\_



### Office Use Only

Client # \_\_\_\_\_

Tracking # \_\_\_\_\_