




# Authorized Credit Card Usage Form

## CREDIT CARD PAYMENTS:

- Each time you provide payment by credit card to the Registrar, Security Programs, you must complete this form which provides your authorization.
- At this time we accept VISA or MasterCard  
- Credit Card Information should not be e-mailed. Mail for fax this form to Security Programs (address below).

## PART 1: INDIVIDUAL INFORMATION

LEGAL NAME: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

PERMIT TO OPERATE AN ARMoured VEHICLE NUMBER: (if known) \_\_\_\_\_

## PART 2: AUTHORIZATION

I authorize the use of the following credit card to cover Security Programs licensing fees as follows:

TYPE OF CARD:  VISA  MasterCard

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: (month) \_\_\_\_\_ / (year) \_\_\_\_\_

CARDHOLDER'S NAME (exactly as shown on card): \_\_\_\_\_

CARDHOLDER'S PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby authorize the following amount to be applied against this credit card \$ \_\_\_\_\_.

Signature of Cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Security Programs Office Use Only:

| Transaction # | Invoice # | Credit Card Authorization | Completed By (initials) | Date (yy/mm/dd) |
|---------------|-----------|---------------------------|-------------------------|-----------------|
|               |           |                           |                         |                 |