



**Peel Regional Police Central Paid Duties
Credit Card Payment Authorization
Fax: 905-456-6175**



Company/Name: _____ Contact Name: _____
 Address: _____ Phone: _____ Ext. _____
 _____ Fax: _____
 Email Address: _____

I hereby give my authorization for use of the credit card information above, for payment of the following Peel Regional Police Central Paid Duty invoices:

Invoice #	Amount	Invoice #	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
		Total	\$ _____

Authorized by (if different than cardholder)

Name (Please print)

Date

Position

_____ Cardholder's Name (print)	_____ Cardholder's Signature

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
_____ Credit Card #	_____ CV # (3-Digit)
_____ Expiry	

Form to be sent only via Fax. Do not send credit card information via email.