



Peel Regional Police Central Paid Duties

Credit Card Payment Authorization

Fax: (905) 456-6175

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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:

<u>Invoice #</u>	<u>Amount</u>	<u>Invoice #</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
		Total	\$ _____

Authorized by (if different than cardholder)

_____ Date _____
 Name (Please print)

_____ Position

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

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