



# Peel Regional Police Central Paid Duties

## Credit Card Payment Authorization

**Fax: 905-456-6175**

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Company / Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Contact Name: \_\_\_\_\_

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