



VISA/MASTERCARD PAYMENT AUTHORIZATION FORM

Name as it appears on credit card

Name as it appears on the permit application if different than the name on the credit card

Phone number of where the card holder can be reached

E-Mail Address

Organization Name

Credit Card Authorization # (For Office Use Only)

ATS Project Number:

ATS Client Number:

Please bill my **VISA** _____ **MASTERCARD** _____

Fee \$ _____ + **GST:** Yes _____ No _____ (5%) \$ _____ Total amount \$ _____

Signature _____

(Faxed signature preferred or verified by staff)

Card Number

(CV # from back of card)

<input type="text"/>	<input type="text"/>
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Expiry Date

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed.