



6300 Hammond Bay Rd.
Nanaimo, BC
V9T 6N2

Tel. 250-390-4111 or toll free in BC 1-877-607-4111
Fax 250-390-6572

This form authorizes the Regional District of Nanaimo to charge to the credit card account given below the appropriate fee for the release of products and/or services.

The information contained in this form will be kept in a confidential file and used only upon your request either in writing, by fax or by phone.

When making your request please indicate that we have this information on file.

Type of Credit Card: Visa MasterCard

Credit Card Number: _____

Card Expiry Date: _____

3 Digit Verification Code (on back of card): _____

Company Name: _____

Phone # _____ **Fax #** _____

Cardholder's Name (printed): _____

Authorizing Signature: _____

Must be completed before sending to client.

FAX TO: FINANCE DEPARTMENT AT 250-390-6572

ATTENTION: _____

DEPARTMENT: _____