

*The following information MUST be completed:

*Credit Card #

*Expiry Date

(month/year)

*V-Code:

(back of card)

Visa

MasterCard

Do you authorize the CVRD to keep your credit card info on file for future payments? YES NO	
(if YES, expiry & signature required)	
Expiry date for authorization:	(day/month/year)
*SIGNATURE:	

*Name on Card	
Name on Acct	_____
(if different than card)	
Mailing address	_____ (Street & No. /Apt#)
	_____ (City, Province, Postal)
	Email: _____
Telephone #	Fax: _____

Account type	Description / Account #/ Invoice #	\$ Amount
UB	_____	_____
AR	_____	_____
MS	Transit/Handy-Pass #	_____
OTHER	_____	_____
Please send copy of receipt		Sub total
	YES NO	_____
	mail email fax	GST

		PST

		TOTAL

Please mail the completed and signed form to:

Comox Valley Regional District
Finance Department
600 Comox Road, Courtenay, BC V9N 3P6

To be completed by CVRD:	Date of Order: _____
Order taken by: _____	_____ initials
_____ CVRD staff /dept	
Auth# _____	Receipt# _____
	Entered by: _____