



Pre-Authorized Credit Card Form

SECTION A - Personal Information (Please print)

Client Name *			
Invoice Number			
Customer Number			
Reason for Payment			
Contact Phone No. *	Email Address:		
Select Payment Type	I authorize the Government of Newfoundland and Labrador to charge my (Choose one)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
	Payment Amount *		
Additional details:			

Signature of Card Holder: _____

✂ **Cut below line** ✂

SECTION B - Credit Card Information *

Card Holder's Name:		
Credit Card No:		Expiry Date: