



Service NL
Motor Registration

CREDIT CARD AUTHORIZATION

Name of credit card holder:		Address of credit card holder: (Street & No./ P.O. Box No.)	
City/Town	Prov./State	Postal Code/Zip	Expiry Date ____ 20____
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card		Credit Card Number _____	

THE CARD HOLDER NAMED HEREIN HEREBY AUTHORIZES THE USE OF HIS/HER/IT'S CREDIT CARD NUMBER FOR PAYMENT OF THE FOLLOWING:

<input type="checkbox"/> ANNUAL OVERMASS/OVERSIZE SPECIAL PERMIT	<input type="checkbox"/> SINGLE TRIP COMMERCIAL VEHICLE REGISTRATION	<input type="checkbox"/> SHORT CARRIER PROFILE
<input type="checkbox"/> SINGLE TRIP OVERMASS/OVERSIZE SPECIAL PERMIT	<input type="checkbox"/> FUEL TAX PERMIT	<input type="checkbox"/> LONG CARRIER PROFILE <input type="checkbox"/> OTHER _____

DETAILS OF MOVEMENT:

	AMOUNT AUTHORIZED: \$

DATED AT _____ THIS _____ DAY OF _____, 20____

SIGNATURE OF CREDIT CARD HOLDER OR AUTHORIZED REPRESENTATIVE

Mailing Address: P.O. Box 8710, St. John's, NL, A1B 4J5
Office Address: 149 Smallwood Drive, Mount Pearl, NL, Tel: (709) 729-0359 Toll Free: 1-877-636-6867 Fax: (709) 729-0102