



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.

**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:** \_\_\_\_\_