REGIONAL DISTRICT OF NANAIMO

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.

Permit or Planning #_____
Address: _____
Amount: _____

[] Payee authorizes processing fee of 2.5% (SUBJECT TO CHANGE WITHOUT NOTICE)

Type of Credit Card: Visa □ MasterCard □

Credit Card Number: _____

Card Expiry Date: _____

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

Company Name: _____

Cardholder's Name (printed): _____

Phone # _____Fax #_____

Email: _____

Postal Code: _____

Authorizing Signature: _____

Must be completed before sending to client.

FAX TO: ***FINANCE DEPARTMENT AT 250-390-6572***
EMAIL TO: ***Finance@rdn.bc.ca***

ATTENTION: _____

DEPARTMENT: _____