



CREDIT CARD PAYMENT

Visa or MasterCard Only
Please Print Clearly

Print Form, Complete Applicable Sections and Include with Filing

Filing on Behalf of:	(e.g. Company or Individual name)
<hr style="border: 0; border-top: 1px solid black; margin-top: 0;"/>	

Credit Card Information:			
Card#	Expiry Date (MM/YY)	Signature	
Print Name Shown on Card		Date	
Email Address: (Credit Card receipts will be sent to this address, incorrect addresses will result in undelivered receipts)			
<input type="checkbox"/> Please mail me a receipt			

Filing details:				(Please Indicate All Fees That Apply and Fill In The Total To Be Paid)			
Mortgage Brokers Act							
New Application	Company or Individual	<input type="checkbox"/> \$1,000	Branch	<input type="checkbox"/> \$200			
Renewal		<input type="checkbox"/> \$500					
Amendment		<input type="checkbox"/> \$200					
Transfer		<input type="checkbox"/> \$200					
Late Filing (<small>\$50 per day to a max of \$500</small>)	Annual Filing	<input type="checkbox"/> \$ _____	Renewal	<input type="checkbox"/> \$ _____			
Other: _____		<input type="checkbox"/> \$ _____					
Real Estate Development Marketing Act							
Retrieval & Photocopying		(<small>\$38 plus \$0.50 per page</small>)		<input type="checkbox"/> \$ _____			
Strata Property Act							
Copy of a Rental Disclosure Statement				<input type="checkbox"/> \$38			
Other Filings Accepted by Financial Institutions Commission							
Type: _____				<input type="checkbox"/> \$ _____			
Total To Be Paid By Credit Card							\$ _____

<p style="text-align: center;">Mailing Address:</p> <p style="text-align: center;">1200 - 13450 102nd Avenue Surrey, B.C. V3T 5X3 http://www.fic.gov.bc.ca</p>	<p style="text-align: center;">Inquiries:</p> <p style="text-align: center;">Contact Center: 604 953-5200 Fax: 604 953-5301</p>
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<i>For Office Use Only - Please do not write in this section</i>		
Bank Authorization#	Amount \$	Processing Clerk initials: