REGISTRAR, PASSENGER TRANSPORTATION BRANCH

Credit Card Remittance Slip

1. Passenger Carrier Client Information
Legal Name:
Trade Name (doing business as):
British Columbia Passenger Transportation Reference or Client Number:
Business Mailing Address:
Postal/Zip Code:
Phone: () Cell Phone: ()
Fax: ()
2. Credit Card Information
VISA
Master Card,
Payment Amount (Canadian dollars):
Credit Card Number:
Expiry (mm/yyyy):/
Name of Card Holder:
Signature of Card Holder:
Date:
3. Processing Information (OFFICE USE ONLY)
Information Quoted:
Information:
Operator ID:
Transaction No.:
Transaction Date:
Processed by:

Revised June 2004