



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



Payment Amount (Canadian dollars): \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Please call 604.453.4250 to submit

Expiry (mm/yyyy): \_\_\_\_\_ Credit Card information to complete your request.

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_

3. Processing Information (OFFICE USE ONLY)

Information Quoted:  Yes  No

Information: \_\_\_\_\_

\_\_\_\_\_

Operator ID: \_\_\_\_\_

Transaction No.: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Revised - July 2010