



<p><b>Credit Card Payment</b> - Please do not email or fax your credit card number. If applying by fax, sign and fax the form then phone CVSE to provide your credit card number.</p> <p>Amount: <b>\$50.00</b>      <input type="checkbox"/> Visa      <input type="checkbox"/> Mastercard      <input type="checkbox"/> American Express</p> <p>Card Holder Name _____</p> <p>Signature _____</p> <p>Credit Card No.                                 Exp.          </p>						<p><b>Cheques are payable to the Minister of Finance.</b></p>						<p>Mailing Address: PO Box 9250 Stn Prov Govt Victoria BC V8W 9J2</p> <p>Telephone: 250 952-0577 Fax: 250 952-0578</p>											
												<p><b>Head Office Use Only</b></p> <p>APPROVED Yes ___ No ___</p> <p>Receipt Number _____</p> <p>Initial _____</p>											