

<b>I. Client Information (PLEASE PRINT)</b>		
SPECIFY WHAT PAYMENT IS FOR:		LICENCE NUMBER:
COMPANY NAME: (if applicable)	DATE:	
NAME OF APPLICANT: (First and Last)		
MAILING ADDRESS:	CITY:	PROVINCE / STATE:
PRIMARY PHONE:	CELL PHONE:	E-MAIL ADDRESS:

<b>II. Credit Card Information</b>	
NAME APPEARING ON CARD:	BUSINESS CREDIT CARD PERSONAL CREDIT CARD
CARD HOLDER SIGNATURE:	TOTAL AMOUNT AUTHORIZED \$ _____

***This form is to be used for credit card payments only. Please return it by mail together with appropriate documentation. Payment will not be processed if this form is received by either fax or email. It must be mailed only.***

<b>III. Other Methods of Payment</b>
<p>Inspection and Technical Services will also accept Cash, Cheque, Money Order, and Debit/Interac®.                  All Cheques and Money Orders must be payable in Canadian funds to:</p> <p style="text-align: center;">Minister of Finance of Manitoba                  508 – 401 York Avenue                  Winnipeg, MB, R3C 0P8</p>

-----

***Credit card information received by fax or email will not be processed.  
 We do not accept American Express.***

<b>INSPECTION AND TECHNICAL SERVICES MANITOBA OFFICE USE ONLY                  (YOU WILL RECEIVE A PHONE CALL TO COMPLETE THIS SECTION)</b>	
TYPE OF CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	EXPIRY DATE: (MM/YYYY): _____ CVV: _____
CREDIT CARD NUMBER: _____	