



VISA/MASTER CARD PAYMENT AUTHORIZATION FORM

Please note form must NOT be emailed

Name as it appears on credit card

Phone number of where the card holder can be contacted

E-mail address

Please indicate what category you are paying for:

<input type="checkbox"/> Limited Entry Hunting Application	<input type="checkbox"/> Dean River Draw
<input type="checkbox"/> Non-Resident Hunting Licence	<input type="checkbox"/> Declaration for Lost Hunter Number Card
<input type="checkbox"/> Fish and Wildlife Licence Purchase	<input type="checkbox"/> Duplicate Licences

Classified Waters Angling Licence for Dean River Draw.

<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x \$40.00 =	\$	<input type="text"/>	x 1.05 =	\$	<input type="text"/>
# Anglers		Days Applied For		Total Days		Classified Waters Fee		5% GST		Licence Payment

Total Fees \$

Please bill my **VISA** **MASTERCARD** In the amount of \$ _____

Signature: _____

Card Number:

Expiry Date:

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed.