



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

Non-Tidal Classified Watters Angling Licence (Non-Guided)

<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x \$40.00 =	\$	<input type="text"/>	x 1.12 =	\$	<input type="text"/>
# Anglers		Days Applied For		Total Days		Classified Waters Fee		12% HST		Licence Payment

Non-Tidal Angling Licences (HST Included)

Annual Licences	Eight Day Licences	Steelhead Surcharges
<input type="checkbox"/> x \$89.60 = \$ <input type="text"/>	<input type="checkbox"/> x \$56.00 = \$ <input type="text"/>	<input type="checkbox"/> x \$67.20 = \$ <input type="text"/>

Total Angling 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.