

ICBC OFFICE USE ONLY			
PC ACCOUNT / FILE NUMBER:			
·			
CUSTOMER NAME:			

Credit Card Authorization

Insurance Corporation of British Columbia accepts American Express, MasterCard and Visa for payment of fees. Refer to icbc.com for the list of vehicle registration search fees.

Please **PRINT CLEARLY** in blue or black ink.

CUSTOMER'S INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
COMPANY NAME.			
COMPANY NAME:			
CREDIT CARD INFORMATION			
NAME AS IT APPEARS ON CREDIT CARD):		
STREET ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
Credit card type:			
Credit card number:		Expiry Date (mm/yy)	
If there is a problem processing your payment, we would like to be able to reach you by phone.			
Daytime phone number:	(
☐ One (1) Time Charge – Sign and complete this form to authorize the merchant to make a one-time charge to your credit card listed above.			
□ Recurring Charge – You authorize regularly scheduled charges up to a maximum of \$500.00 per day to your credit card listed above. You will be charged the amount based on the results of your completed requests. The amount for each payment will be provided to you on the cover letter with your search results and the charge will appear on your credit card.			
Authorization I authorize the Insurance Corporation of British Columbia to charge the credit card provided for the customer listed above. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.			
Card holder's signature:			
Date:			