



STATUS CERTIFICATE CREDIT CARD PAYMENT



PAYMENT AUTHORIZATION

Unit #: _____

Corporation Name: _____

Unit Street Address: _____

Email receipt should be sent to: _____

Phone #: _____

I authorize **MRCM** to process a payment of _____ on my credit card outlined below.
Please note there is a \$20 processing fee.

Signature

____/____/____
Date

VISA

MASTERCARD

Credit Card #: _____ Expiry Date: ____/____ CVV2/CVC2: _____

Name on Card: _____

Billing Address: _____, _____, _____, _____
Street City Province Postal Code

If you are sending this via email, the signature can be an electronic signature. To do so, type your legal name followed with an asterisk (*).
The * refers to a comment of "Executed Pursuant to the Electronic Commerce Act (Ontario)."

INTERNAL OFFICE USE ONLY

Approval Code: _____ Date Processed: _____ Processed by: _____