



# Authorized Credit Card Usage Form for Security Workers

## CREDIT CARD PAYMENTS:

- Each time you provide payment by credit card to Security Programs and Police Technology, you must complete this form which provides your authorization.
- At this time we accept VISA or MasterCard  
- If there is an over-payment for any reason be advised the excess funds will remain on your account with us to withdraw from for future payments. **There are no refunds given.**

## PART 1: INDIVIDUAL INFORMATION

LEGAL NAME: (surname) \_\_\_\_\_ (legal given) \_\_\_\_\_ (middle) \_\_\_\_\_

SECURITY WORKER LICENCE NUMBER: (if known) \_\_\_\_\_

## PART 2: AUTHORIZATION

I authorize the use of the following credit card to cover Security Programs and Police Technology licensing fees as follows:

TYPE OF CARD:  VISA  MasterCard

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: (month) \_\_\_\_\_ / (year) \_\_\_\_\_

CARDHOLDER'S NAME (exactly as shown on card): \_\_\_\_\_

CARDHOLDER'S PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby authorize the following amount to be applied against this credit card \$ \_\_\_\_\_.

Signature of Cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Security Programs and Police Technology Office Use Only:

Transaction #	Invoice #	Credit Card Authorization	Completed By (initials)	Date (yy/mm/dd)