

Credit Card Authorization Form



ServiceOntario

Applicant's Information

Office Use Only

Name / Company / Dealer

Anthony Watson BARKER

Operator No. Office No.

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Street No. and Name, P.O. Box, R.R. or Lot, Con. and Twp.

101 ERKSINE AVE

Apt. / Suite No.

313

Business Date

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☐ Fee Paid

City, Town or Village

TORONTO

Postal or Zip Code

M4P 0C5

Prov. or State

ON

Country

CANADA

Email

Daytime Phone No.

Alternate Phone No.

Provide **one (1)** of the following Ontario identification numbers below.If you do not have any of the information requested below check ☒ the "Not Available / None of the above" box.

Driver's Licence (DL) Number:	B06120539680905		
Licence Plate Number:			
Registrant Identification Number (RIN):	Dealer Number:		
Commercial Vehicle Operator's Registration (CVOR) Number:	National Safety Code (NSC) Number:		
Motor Vehicle Inspection Station (MVIS) Number:			
Vehicle Identification Number (VIN):			
<input type="checkbox"/> Not Available / None of the above			

Under provincial legislation, a false statement from the applicant may result in a penalty.

The personal information provided by you on this form is collected to assist with payment verification for the Ministry of Transportation's driver, vehicle and carrier products and services, for which the Ministry is responsible under the **Highway Traffic Act**. If you have any questions about the information collected on this form, please contact the Operations Manager, ServiceOntario Driver & Vehicle Contact Centre at 416 235-2999 or 1 800 387-3445 or visit ServiceOntario.ca.

Credit Card Information

Print Name of Cardholder (as it appears on the credit card)

ANTHONY W BARKER

Name of Credit Card Company

☐ Visa☒ Mastercard

Print Name of Signing Authority (if different than name of Cardholder)

Signature of Cardholder and/or Signing Authority

X

Date

20^Y 24^M 09^D 12

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Français au verso

Credit Card Number (Print Clearly)

Expiration Date

5	1	9	1	2	3	0	2	0	9	5	1	7	8	2	1	0 ^{MM}	2	2 ^{YY}	7
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