

CREDIT CARD PAYMENT INFORMATION

Type of Credit Card	<input type="checkbox"/> MasterCard
<small>(Check one only)</small>	<input type="checkbox"/> VISA
Amount of Ticket Paid	\$ _____
Name on Card	_____
Credit Card Number	_____
Expiry Date	_____
Security Code	_____

Credit Card Billing Address

Billing Street Address	_____								
Street Address	_____								
City/Town	_____								
Province	_____								
Postal Code	_____								
Email	_____								
Telephone	_____								
Payment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td>Building Permit # _____</td> </tr> <tr> <td></td> <td>Planning Act Application File # _____</td> </tr> <tr> <td></td> <td>Parking Ticket # _____</td> </tr> <tr> <td></td> <td>Other # _____</td> </tr> </table>		Building Permit # _____		Planning Act Application File # _____		Parking Ticket # _____		Other # _____
	Building Permit # _____								
	Planning Act Application File # _____								
	Parking Ticket # _____								
	Other # _____								
Date of Issuance	_____								
Cardholder Signature:	_____								

Return to: Town of Gananoque
 Email: information@gananoque.ca