



Credit Card Facsimile Form

FAX COMPLETED FORM TO 519-751-0404
(Please print clearly and legibly in black ink)

Date: _____

Defendants Name: _____

Address: _____

Drivers License Number: _____ **Phone#:** _____
Fax #: _____

**Ticket Number/
File Number:** _____

Total Payable: \$ _____ **(check one:)** **Visa** **MasterCard**

Card #: _____ **Expiry Date:** _____

**Cardholders Name
(Please print)** _____

**Cardholder
Signature:** _____

Confirmation Required: **Yes** **No**

Email Address: _____