



NUNAVUT LEGAL REGISTRIES
VISA/MASTERCARD PRE-AUTHORIZATION

Please complete the following form and fax to: 867-975-6594.

DO NOT SEND BY E-MAIL

EFFECTIVE THE _____ DAY OF _____, I, _____
(Day) (Month, Year) (Full Name)

HEREBY AUTHORIZE ***Nunavut Legal Registries*** TO DEBIT MY

☐ VISA OR ☐ MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____
Month Year

CVC NUMBER: _____
(Three digit number on back of card)

NAME ON CREDIT CARD: _____

COMPANY NAME: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

DATED THIS _____ DAY OF _____,
(Day) (Month, Year) (Full Name)

SIGNATURE OF CARD HOLDER/RESPONDENT