



PROVINCIAL OFFENCES OFFICE
99 Foster Drive, 1st Level
Sault Ste. Marie, ON P6A 5N1
Phone: 705-541-7334 Fax: 705-759-5395

Credit Card Form
(Via Fax/E-mail)

Offence #: _____

Offence Date: _____

Name: _____



VISA



Card Number: _____

Expiry: ____ / ____

Cardholder Name: _____

Telephone: () - _____

I authorize the Provincial Offences Office to charge the fine amount of \$ _____ to the credit card indicated above.

Cardholder Signature: _____ Date: _____

Upon completion of this form 1 of 2 options may be exercised:

- (1) This form may be scanned and e-mailed to poaoffice@cityssm.on.ca
- (2) This form may be faxed to: **705-759-5395**