



PROVINCIAL OFFENCES OFFICE
99 Foster Drive, Level 1
Sault Ste. Marie, ON P6A 5X6
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**