

Alcohol and Gaming Commission of Ontario 90 SHEPPARD AV E, SUITE 200 TORONTO ON M2N 0A4 Tel: 416 326-8700

Toll free in Ontario: 1 800 522-2876 Fax: 416 326-5555 Website: www.agco.on.ca

Visa/Mastercard Authorization Form (Racing)

			Date						
Please Print		d	ld . l	mm	ı	уу	/уу		
First Name	Last Name			Licence No					
I hereby authorize the Alcohol and Gaming Commission of Ontario to charge my credit card the amount of \$ in Canadian dollars for payment of the following:									
Fine and/or Licence Fee									
Please charge my Visa / Mastercard Company (name of con	mpany)								
Name of Credit Card Holder									
Visa or Mastercard Number	3-digit verification code	Expiry Date	onth			Year			
Signature of Card Holder			•		1	,		J	
Name of Racetrack		Approved by							

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