



ᐅᑎᑎᑭᑦ ᐅᑭᑦ ᐱᑭᑦᑎᑦᑎᑦᑎᑦ
Building *Nunavut* Together
Nunavut liuqatigiingniq
Bâtir le *Nunavut* ensemble

Form CC Credit Card Authorization

Office of the Superintendent of
Licensing Department of Finance,
Government of Nunavut 2nd floor Parnaivik
Building, 924 Mivvik Street,
P.O. Box 1000, Stn 330
Iqaluit, Nunavut, X0A 0H0

I authorize the Government of Nunavut to charge my credit card for the amount of
as payment for fees due to the Office of the Superintendent of Licensing under the
Cannabis Act (Nunavut).

\$ _____

Type of Credit Card

<input type="checkbox"/>	VISA
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	American Express

Credit Card Details

Credit Card Number _____
Expiry Date (mm/yy) _____
Name on card _____

Payment Details

Alternative Payment

If the Government of Nunavut is unable to process my payment, I understand that I am responsible for
arranging alternative payment.

Records

I understand the Government of Nunavut does not keep credit card information on file, and that it will
destroy this form once it has successfully processed the payment.

Approval

I agree to this payment and warrant
that I am authorized to do so.

(Signature of Card Holder, or Authorized Individual)

(Name - please print clearly)

(Title)

(Phone number and/or email)