

Central Region  
1201 Wilson Avenue  
7<sup>th</sup> Floor, Building 'D'  
Downsview, ON M3M 1J8  
Tel: 416-235-5385  
Fax: 416-235-4267  
Toll Free: 1 866-636-0663

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**Visa / Master Card/ AMEX  
Payment Slip****Date:** \_\_\_\_\_**Name:** \_\_\_\_\_**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Application Fee:** \_\_\_\_\_**Type of Permit:** (please circle) **Building** **Encroachment** **Entrance** **Sign**

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**Method of Payment:***(Please Check Appropriate Box for Card to be Used)* **VISA**       **MASTER CARD**       **AMERICAN EXPRESS****Card Number:**                              **Expiry Date:**              
Month                      Year

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*Signature Required***THIS SECTION TO BE COMPLETED BY MTO ONLY:****Date:** \_\_\_\_\_**Authorization Number:**              **Processed By:** \_\_\_\_\_**Acknowledgement Receipt No.:** \_\_\_\_\_**Amount:**                      \$ \_\_\_\_\_