



Credit Card Information

Name (as it appears on credit card): _____

Billing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

MasterCard ☐ Visa ☐ (credit card only, no debit card)

Card Number: _____

Expiry Date: _____ CVV: _____

Please indicate:

- \$600.00 – Dealer Number
- \$50.00 – Recycler Number
- \$35.00 – Salesperson Number
- \$100.00 – B.I.I.C. Station Number
- \$200.00 – Inspection Station Number

I authorize Manitoba Public Insurance to charge my credit card in the amount of: \$

Cardholder's Signature

Date

Please return in person to Vehicle Safety (or an MPI service centre), or by mail with other required documents to:

Vehicle Safety
J.W. Zacharias Physical Damage Research Centre
Box 45064, Regent Postal Outlet
Winnipeg, Manitoba R2C 5C7