

## IRP-LCP Credit Card Authorization

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

**Company Contact Name:** \_\_\_\_\_

**Contact Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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I \_\_\_\_\_ on behalf of \_\_\_\_\_ (the "Carrier")  
Name of Cardholder Name of Company

have the authority to bind the Carrier and hereby authorize The Manitoba Public Insurance Corporation to charge the following credit card (the "Credit Card") for any and all vehicle expenses of the Carrier related to IRP registrations as necessary.

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**Credit Card Type:**  MasterCard  Visa

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
SIGNATURE

This authorization will continue until the earlier of the Credit Card's expiration date or written notice from the Carrier that such authorization has been terminated.

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**Mail form to:**  
IRP Prorate Office  
Manitoba Public Insurance  
234 Donald Street, Box 6300  
Winnipeg, MB R3C 4A4

**Fax form to:**  
IRP Prorate Office  
(204) 985-8105  
Use this fax number to update  
Credit Card information only

Please continue to use current contact information for all other business.