



## Application for Certificate of Registration - Credit Card Payment

If you wish to make a payment by credit card, please complete this form and submit it to the College with your application for registration. Once payment has been processed and cleared, this form will be securely destroyed. The College does not retain credit card information.

This form can be filled out **electronically** or by hand.

### Section 1: Credit Card Information

Candidate's Full Name:

Candidate's Number:

Initial Application Fee: \$100 + HST = \$113.00

Pro-Rate Registration Fee: April 15 - July 14 ----- \$1,700 + HST = \$1921.00

July 15 - October 14 ----- \$1275 + HST = \$1440.75

Based on date of application October 15 - January 14 ---- \$850 + HST = \$960.50

January 15 - April 14 ----- \$425 + HST = \$480.25

Credit Card Type:

Visa

MasterCard

Credit Card Number:

Card Validation Code (CVC):

(The three numbers on the back of the card)

Expiry Date:

(mm/yy)

Name on Card:

Signature of Cardholder:

Authorized Amount \$:

(Initial Application Fee + Registration Fee + HST)

**Please Note: The College does not store credit card information. If additional charges are required, a new completed form will be required.**

### Section 2: Declaration and Signature

I hereby authorize the College of Denturists of Ontario to charge this credit card for the amount above.

Signature

Date (mm/dd/yyyy)