



Credit Card Payment Form

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

Member/Candidate's Full Name:

Registration/Candidate #:

Please select one of the following Fees:

Initial Registration of a Certificate of Authorization Fee -	\$1,000.00 + HST = \$ 1,130.00
Jurisprudence Program Fee -----	\$100.00 + HST = \$ 113.00
Duplicate Certificate Application Fee -----	\$50.00 + HST = \$ 56.50
Letter of Standing Application Fee -----	\$44.25 + HST = \$ 50.00
Clinic Name Registration Fee -----	\$25.00 + HST = \$ 28.25

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 \$:
(including 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)