SASKATCHEWAN College of Opticians

Credit Card Authorization Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest. Please complete all sections below.

SURNAME: _____ FIRST NAME:_____

LICENCE NUMBER : LO_____: LCLP_____

CELL/ PHONE: _____

SERVICE REQUEST (please circle)

RENEWAL NEW APPLICATION REINSTATEMENT STUDENT

CREDIT CARD INFORMATION AND AUTHORISATION

CARDHOLDER NAME _____

CARD TYPE (circle) VISA MASTERCARD

CREDIT CARD NUMBER _____

CARD EXPIRY DATE: _____

I _____ authorize the Saskatchewan College of Opticians to charge my above card for the amount stated below

AMOUNT AUTHORISED TO BE CHARGED $ _____

There is a 2.7% service charge applicable with credit card payments.

CARDHOLDER SIGNATURE: _____

DATE: _____

Please note :The credit card information provided on this form will not be retained.