



# Credit Card Authorization Form

I, \_\_\_\_\_ (please print full name) \_\_\_\_\_ (OCP Number if applicable)

authorize the Ontario College of Pharmacists to charge the following amount to the credit card indicated below:

## Pharmacy / Corporation Information

\_\_\_\_\_ (name of the Pharmacy or Corporation) \_\_\_\_\_ (Accreditation or Corporation Number)

### Please check the appropriate boxes:

#### Pharmacy

- New Opening Fee \$1130.00
- Purchase/Sale Fee \$565.00
- Relocation Fee \$565.00
- Reinspection Fee \$1130.00
- Accreditation Renewal Fee \$971.80

#### Corporations

- Corporate Transaction Fee \$84.75

#### Health Professional Corporations

- HPC Application Fee \$1130.00
- HPC Annual Renewal Fee \$339.00
- Replacement Certificate of Authorization \$84.75

#### General

- Replacement Certificate of Accreditation \$11.30
- Duplicate Receipt \$11.30

**Other** for the purpose of: \_\_\_\_\_

<b>\$</b> _____ (enter dollar amount)
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## Credit Card Information

**Credit Card Type:**  MasterCard  Visa  American Express

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

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ /  
Month Year

**Card Holder's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(if a problem occurs with your credit card)

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