



NSCDO

Nova Scotia College of
DISPENSING OPTICIANS

CREDIT CARD AUTHORIZATION FORM

Please fill in the information below in order to authorize the College to charge your credit card for the amount licensing for the service requested.

License
Number:

Last Name:

First Name:

Email Address:

Amount to be Charged:

License Requested:

CREDIT CARD INFORMATION

Please provide your credit card information below:

Visa

Master Card

American Express

Credit Card #:

Expiry Date:

Cardholder Name:

Cardholder Signature:

CCV Number (3 digits on the back of the card)
