



# 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 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

**General**

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

**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

**Other** for the purpose of:  
.....  
\$ .....  
(enter dollar amount)

**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: .....