



Credit Card Authorization Form

Client details:

Client ID:	
Full name:	
Signature:	

Payment details:

I authorize the Canadian Alliance of Physiotherapy Regulators to charge my credit card in accordance with the below information. *Note: Debit cards are not accepted.*

Amount (\$CAD):	
Payment Method:	
Name on card (print):	
Card number:	
Expiration Date:	<i>Month:</i>
	<i>Year:</i>
CVC (Card Verification Code)	
Billing address:	<i>Address Line 1:</i>
	<i>Address Line 2:</i>
	<i>Address Line 3:</i>
	<i>City:</i>
	<i>Province/State:</i>
	<i>Postal Code:</i>
	<i>Country:</i>
Cardholder's Signature:	
Department:	
Reason for payment:	
Date:	

Forms sent by email **MUST** be submitted in a single document in .pdf format. Forms submitted in any other format **WILL NOT** be accepted.

If you are unable to adhere to this requirement, your form(s) should be mailed to the CAPR office at the address listed [here](#).