Canadian Alliance of Physiotherapy Regulators | Alliance canadienne des organismes de réglementation de la physiothérapie

Credit Card Authorization Form

Card Type (check one) ☐ Visa ☐ Mastercard

I authorize the Canadian Alliance of Physiotherapy Regulators to charge the following amount to my credit card.

Amount: _____ . _____ in Canadian funds

Card Number:

_____

CVC2 Code (3 digit number on the back of you card) _____

Expiration date: _____ _____
Month Year

Cardholder's name (print name on card):

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Cardholder's signature _____

Candidate / Applicant Name :

_____

_____

Candidate / Applicant signature _____

Reason for payment: _____

Date: _____ _____ _____
day Month Year

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