



Nova Scotia Regulator
OF
DENTISTRY AND DENTAL ASSISTING

103 - 210 Waterfront Drive
Bedford, NS B4A 0H3

Credit Card Authorization Form

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV (3 digit number on back of card) _____

I, _____, authorize the NSRDDA to charge my credit card above for agreed upon amount.

Customer Signature

Date