



**Real Estate Council of Ontario**

3250 Bloor St. W., East Tower, Suite 600, Toronto, Ontario M8X 2X9

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Form: CCP



Important: PRINT or TYPE all information in BLACK INK

# Credit Card Payment

PAYMENT INFORMATION		
Name(s) of Applicant(s)	Registration Number	Fee
Please debit this amount from my credit card <b>TOTAL Cdn \$</b>		

CREDIT CARD INFORMATION	
Check appropriate box:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Cardholder's Name:	_____
Card #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	____ / ____ Month      Year
Signature:	_____
Date:	_____



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