



Operator Certification Board

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## Credit Card Authorization Form

Payment	<input type="checkbox"/> Job Posting \$50.00 Job Posting Title _____
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By completing this form I authorize the Operator Certification Board to charge my credit card with the amount as indicated above.

Card Holder Name	
Address & Postal Code	
Email Address	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard
Credit Card Number	
Expiry Date (month/year)	
Amount	
Signature of Cardholder	
Date	

The Operator Certification Board will not charge any amount to your credit card unless this form is completed in full. Your job posting may be delayed if this form is received incomplete.