



Provincial Dental Board of Nova Scotia  
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 Provincial Dental Board of Nova Scotia to charge my credit card above for agreed upon amount.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date