

1241 Clyde Avenue  
 Ottawa, Ontario  
 K2C 1Y3

TELEPHONE NUMBER (613)952-3200  
 FAX. NO. (613)952-1088

COMPANY'S NAME:	ADDRESS:
CONTACT PERSON:	
TELEPHONE NUMBER:	
FAX NUMBER:	

### CREDIT CARD AUTHORIZATION

NAME OF CARD: (VISA/MASTERCARD)	CARD NUMBER:
CARDHOLDER'S NAME:	EXPIRATION DATE:
AMOUNT AUTHORIZED: _____ CANADIAN FUNDS	
CARDHOLDER'S SIGNATURE: _____ I agree to pay above total amount according to card issuer agreement.	

### CERTIFICATION REQUESTED

APPLICANT'S NAME:	TRADE NAME:
ADDRESS:	TYPE OR MODEL:
	CERTIFIED UNDER:

	QUANTITY	COST	(NOTES IF ANY)
LABEL FEES			
ASSESSMENT FEES			
**CERTIFICATE FEES			** GST NOT APPLICABLE
	PST		PST APPLICABLE ONLY IN QUEBEC
	GST		GST APPLICABLE ONLY IN CANADA
	TOTAL		