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Credit Card Payment Form

Funeral, Burial and Cremation Services Act, 2002 (FBCSA)

Attach this payment form with the application(s).

Transaction Type		esaction Type	Name(s) of Applicant(s) – Please Print	Licence Number (if applicable)	Fee	
		isaction Type			\$	¢
		Licence – Renewal				
1		Licence – New				
		Other				
		Licence – Renewal				
2		Licence – New				
		Other				
		Licence – Renewal				
3		Licence – New				
		Other				
		Licence – Renewal				
4		Licence – New				
		Other				
		Licence – Renewal				
5		Licence – New				
		Other				
(Atta	ch a se _l	parate page, if necessary)				
l au	I authorize the cost of this application to be debited to my credit card TOTAL					

Do not detach: Payment information will be destroyed upon processing by the Bereavement Authority of Ontario.

Payment Information					
Card Number	Expiry Date (MM/YYYY) CVV (3 digits)				
Name of Cardholder (please print)					
Billing Address	Cardholder Email Address				
Signature of Cardholder	Date (YYYY/MM/DD)				

Information will be treated in accordance with the Bereavement Authority of Ontario's Privacy Policy available at www.thebao.ca.