

INFORMATION FOR PAYMENT

Payment may be made in the form of certified cheque, money order or international bank draft in Canadian funds payable to ICAS of Canada. Payment can also be made by VISA, Master Card, or Discover.

Please complete the following and forward it with your application form.

Services Requested	Fee
Delivery by Courier: Within Canada (\$35); to USA (\$35); other countries (\$85)	\$ _____
Delivery by Regular Mail*: Within Canada (\$5); other countries (\$10)	\$ _____
<i>*(if submitting original documents, you must complete the Authorization for Return of Original Documents by Regular Mail)</i>	
TOTAL FEES	\$ _____

Payment to be made by: Money order Bank Draft Certified Cheque
 VISA MasterCard Discover

Credit Card Number Expiry Date (mm/yy) / CSV:

Cardholder's Name as it Appears on Card (please print) _____

Address _____

Telephone _____

Cardholder's Signature _____

Note: If the credit cardholder is not the applicant, the cardholder must also complete the information below.

I, (please print) _____, am the credit card holder. I authorize my credit card to be charged the amount indicated above for the purpose of the preparation of an Assessment Report for (applicant's name) _____.

I have also read, and agree to, the Terms and Conditions (including the refund policy).

Signed: _____ Date: _____

Please ship my report (and/or documents) to the following address:

Name of Recipient: _____

Full Shipping Address (including street address, unit number, buzzer code (if applicable), city, country, postal code:

***Please only complete this form if you would like your original documents returned by regular mail. If you are not submitting original documents or you have requested to have your original documents returned by courier, you are not required to complete this form**

File No. _____

Authorization for Return of Original Documents by Regular Mail

This is to confirm that I have authorized ICAS International Credential Assessment Service of Canada to return my original documents by regular mail service to the following address:

Street and No. _____

Apartment Number _____

City _____

Province/State _____

Country _____

Postal Code _____

I understand that ICAS assumes no responsibility for documents not safely delivered.

Signed _____
Name in Full _____
(Please print)

Date _____