



**BC Onsite Sewage Association**  
**Box 101 – 6450 Island Hwy**  
**Nanaimo BC V9T 1X2**  
Phone: 1-250-758-8442  
Fax: 1-250-758-8448

## Credit Card Authorization Form

**Customer to complete:**

I, \_\_\_\_\_, hereby authorize the BC Onsite Sewage Association to charge my credit card for goods or services rendered by:

\_\_\_\_\_ in reference to either  
(Enter company name)

(a) Invoice Number: \_\_\_\_\_ or

(b) Project Description : \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Card Type:  Visa  Mastercard

Name as it appears on credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

Merchant ID# 8018984875  
Pre Authorization Tel # 1-866-508-5855

**BCOSSA Member to Complete:**

Cheque to be made Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

BCOSSA Member Name: \_\_\_\_\_

By signing below, I understand that 3.55% of total transaction will be retained by BC Onsite Sewage Association to cover administration fees, and that payment will be mailed to me within 15 business days of delivery to the BCOSSA office.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to: 1-250-758-8448 or email: [liz@bcossa.com](mailto:liz@bcossa.com)