



Health  
Canada

Santé  
Canada

Protected A  
when completed

# FAX Credit Card Payment (Form)

## Privacy notice

The personal information you provide to Health Canada is governed in accordance with the *Privacy Act*. We only collect the information we need to administer the Safety of Human Cells, Tissues and Organs for Transplantation Regulations authorized under the *Food and Drugs Act*. The information you provide will help you meet the registration requirements of Safety of Human Cells, Tissues and Organs for Transplantation Regulations.

In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act*.

This personal information collection is described in Info Source, available online at [www.infosource.gc.ca](http://www.infosource.gc.ca). Refer to the personal information bank HC PPU 408.

In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Privacy Coordinator, Privacy Management Division, at 613-355-1458 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca).

You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Date:

### To:

Name: Health Canada Accounts Receivable

Fax Number: 613-957-3495

### From:

Name:

Fax Number:

Canada

# FAX Credit Card Payment (Form)

## PAYMENT INFORMATION

Company's full (legal) name:

Customer No. (as it appears on invoice, example DELXXXXX or MDEXXXXX):

Invoice Number:

Invoice Amount:

## Cardholder's Contact Information

Full name of card holder:

Email:

Phone:

Alternative Phone:

Fax:

## Credit Card Information

Card Type:

MasterCard

Visa

Amex

Cardholder's Name (as it appears on card):

Card Number:

Expiry Date: