

Credit Card Payment Authorization Form - Courier

Candidate Name: *Family Name:

 *First Name(s):

*Tel. No: *Email:

Address:

<small>Apt.</small>	<small>Street</small>	
<small>City</small>	<small>Province</small>	<small>Postal Code</small>

- You must be home to collect your results.
- You can choose to have your results delivered to your workplace if no one is home during the day.
- Couriers cannot deliver to PO Boxes.
- There will be a re-delivery charge if you are not at the address you provided when the results are delivered.

Courier Fee: Test Report Forms			
	Price	Quantity	Total
Canada	\$26.00		\$
United States of America	\$46.00		\$
International	\$60.00		\$
includes tax		Total	\$

Total	
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Card Holder's Name: *Family Name:

 *First Name(s):

*Credit Card: **MasterCard** **Visa**

*Credit Card Number: *Expiry Date:

I authorize Global Village English Centres - Vancouver to charge \$ _____ CDN to my credit card.

*Digital or handwritten Signature of Card Holder: *Date:

Clear Entire Form

For Office Use Only:		
Received: _____	Receipt No: _____	Initial: _____
Sent: _____	Administrator: _____	
Tracking Number: _____		