

Credit Card Payment Authorization Form

Candidate Name: *Family Name:

*First Name(s):

*Email:

Postage: Test Report Forms			
	Price	Quantity	Total
Test Results Form			\$
includes tax		Total	\$

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

Total	\$
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Card Holder's Name: *Family Name:

*First Name(s):

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

*Credit Card Number:

*CVV: *Expiry Date:

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

*Signature of Card Holder: *Date:

Clear Entire Form

**Clear Institution
Information**

**Clear Credit Card
Information**

For Office Use Only:

Receipt No: _____ Date: _____ Administrator: _____