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Credit Card Authorisation Form

Agent/Client name (生徒さまの名前)

Card holder name (カード所有者の名前)

I hereby authorise EC (学校場所) _____

To charge my credit card (カードの種類) Visa Visa Electron Mastercard

Card number (カードナンバー)

Expiry date (有効期限)

Card security number (last 3 digits of number on back of card) (CCV セキュリティー番号、カードの後ろに記載されている3桁の番号)

Credit card billing address (クレジットカード契約時に提示した住所)

The sum of (お支払合計金額)

To settle proforma/invoice number (ご請求書番号)

Comments (備考)

Signature (サイン) _____

Your card will be charged in USD CAD GBP EUR

(留学先の通貨)

Kindly note that a copy of the credit card (both back and front) must be sent in order for us to process the payment.

CTRL/FIN/GP/DOC/CRCONT/032/11.06.2014