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# Credit Card Authorisation Form

Agent/Client name (エージェント名/学生氏名) \_\_\_\_\_

Card holder name (カード所有者名) \_\_\_\_\_

I hereby authorise EC (支払い先EC校) \_\_\_\_\_  
School location (都市名)

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

Card number (カード番号) \_\_\_\_\_

Expiry date (有効期限) \_\_\_\_\_

Card security number (CCVセキュリティ番号) \_\_\_\_\_  
last 3 digits of number on back of card (カード裏面番号の最後の3桁)

Credit card billing address (クレジット契約時に提示した住所) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The sum of (支払い合計金額) \_\_\_\_\_

To settle Statement of Account number (請求書番号) \_\_\_\_\_

Comments (備考) \_\_\_\_\_

\_\_\_\_\_  
Signature (署名) \_\_\_\_\_

Your card will be charged in (決済通貨)    USD    CAD    GBP    EUR

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