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Credit Card Authorisation Form

Agent/Client name _____

Card holder name _____

I hereby authorise EC _____

To charge my credit card Visa Visa Electron Mastercard

Card number _____

Expiry date _____

Card security number (last 3 digits of number on back of card) _____

Credit card billing address _____

The sum of _____

To settle proforma/invoice number _____

Comments _____

Signature _____

Your card will be charged in 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.