

# Credit Card Authorization Form

## *Authorizing Canada College to Charge Your Card*

Name on the Card:
Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___
Card number:
Expiration Date:        MM / YYYY
Security Code (CVV Number):
Billing Address:
City, State, Zip:
Phone Number:
Order/Invoice Number (if available)
Program / Course / Exam:
Amount to be Charged CAD\$
By signing this form, you authorize Canada College to charge your card for the amount listed above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DD/MM/YYYY