



## Comox Valley International Student Program

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### CREDIT CARD AUTHORIZATION FORM



DATE: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

3 or 4 digit number on the back of the credit card CVC#: \_\_\_\_\_

CREDIT CARD NAMEHOLDER: \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

ACTIVITY OR INVOICE REFERENCE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

I authorize Comox Valley International Student Program to charge my credit card the above noted amount plus a 4% Service Charge in Canadian Funds.

\_\_\_\_\_  
Cardholder Signature