



**St Giles International Language Centres (Canada) Ltd.**  
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## Credit Card Payment Authorization

**Please complete this form, and return it to St Giles International Vancouver  
by fax (604-685-0291).**

Date Authorized: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Invoice #: \_\_\_\_\_

**I hereby authorize the Canadian Business English Institute to charge:**

Amount in: CAD\$ \_\_\_\_\_

Credit Card:  VISA (CAD\$ ) or  Mastercard (CAD\$)

Name on Credit Card: \_\_\_\_\_ Last 3 digits: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_