

GEOS LANGUAGES PLUS

CALGARY

MONTREAL

OTTAWA

TORONTO

VANCOUVER

VICTORIA

BOSTON

LOS ANGELES

NEW YORK

(L.A.) ORANGE COUNTY

Email/FAX Credit Card Charge Authorization Form

(Please be sure to check the appropriate school)

STUDENT INFORMATION			
First Name:	Fam	ily Name:	
Date of Birth (dd/mm/yy):	Citiz	zenship:	
AGENCY INFORMATION			
Agency Name:			
Agency Representative's Name:			
Address:			
Phone:	Fax:	Email:	
CARD INFORMATION			
Card Type: (Please Check) Visa MasterCard			
Card Number:			
Expiration Date (mm/yy):			
3-Digit Card Code (Located on Back of Card):			
Cardholder's Name:			
I authorize the above marked GEOS Language Academy/Institute to charge my credit card (as indicated above) in the amount of:			
Amount to be Charged: \$	Currency:	Canadian Dollars	US Dollars
Signature of Cardholder:			
Print Name of Cardholder:			

Signature of Agency Representative:

Please Return this Completed Form to the Appropriately Checked GEOS Academy/Institute by either Fax or Email.