

CREDIT CARD AUTHORIZATION FORM

AUTHORIZATION BY CREDIT CARD HOLDER

I, the holder of the under given Credit Card, hereby authorize CIMT College to charge this card, for the under given amount(s), being payment due from the under given student, for the following:

Application Fee Tuition Fee Other (specify):

STUDENT INFORMATION

Last Name:	Student ID Number:
First Name:	Student's Email:
Relationship with Card Holder (where the specified credit card does not belong to the student):	

CREDIT CARD INFORMATION

Visa Mastercard	Card Number:
Name on Card:	
Card Expiry Date (mm/yyyy):	Security Code (3 digit code on back of card):

AMOUNT(S) TO BE CHARGED

Date of Charge (dd/mm/yyyy):	Amount (in CAD\$):
Date of Charge (dd/mm/yyyy):	Amount (in CAD\$):
Date of Charge (dd/mm/yyyy):	Amount (in CAD\$):
Date of Charge (dd/mm/yyyy):	Amount (in CAD\$):
Total Amount (in CAD\$):	

Credit Card Holder's Declaration

By putting my signature here below, I acknowledge the above specified amounts to be charged, as being due from the above specified student and assume full responsibility for these charges.

Credit Card Holder's Name:

Signature:

Date:

Important Note

Please fill all the fields in this form and sign it at the indicated place. Also submit scans of the following documents:

1. Front and back sides of the specified Credit Card (the Credit Card's signature box must contain the card holder's signature).
2. A government issued Photo ID of the card holder which also contains the card holder's signature.