cetvancouver

100-200 Nelson St.
Vancouver, BC / Canada
V6B 2E2

Tel. + 1 604 669 2930 Fax + 1 604 669 2929 school@cetvancouver.com www.cetvancouver.com

Credit Card Authorization Form

I _____ Authorize _CET Vancouver to charge my

credit card VISA/ MASTER
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

REFERENCE _____
ATTACH RECEIPT HERE

AMOUNT $_____CAD.
CREDIT CARD TYPE Credit
CREDIT CARD # _____
SECURITY CODE# _____
EXPIRATION DATE _____
BILLING ADDRESS _____
_____
BILLING ZIP CODE _____
NAME ON CARD _____
(As it appears on card)

_____ _____
SIGNATURE DATE

FAX OR E-MAIL TO:
CET Vancouver
+1-604-669-2929
info@cetvancouver.com
school@cetvancouver.com
vtykva@cetvancouver.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: _____