GEOS International Schools North America
language culture adventure

GEOS North American Language Academies/Institutes

CALGARY	MONTREAL	OTTAWA	TORONTO	VANCOUVER	VICTORIA
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Email/FAX Credit Card Charge Authorization Fillable Form

(Please be sure to check the appropriate school)

STUDENT INFORMATION

First Name: _____ Family Name: _____

Date of Birth (dd/mm/yy): _____ Citizenship: _____

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