

CREDIT CARD AUTHORIZATION FORM

STUDENT'S NAME _____

START DATE : _____ END DATE : _____

CARD HOLDER'S NAME : _____

CREDIT CARD NUMBER : _____

VIN NUMBER (three-digit number on back of credit card) : _____

EXPIRATION DATE : _____ VISA : ___ MASTERCARD : ___

I, _____ give authorization to charge
the above-mentioned credit card account for the following payment(s):

PLEASE INDICATE THE PAYMENT AMOUNT BELOW

DESCRIPTION:	AMOUNTS
FEE: ADMISSION FEE NON-REFUNDABLE	\$ 220 CAD
FEE: CAQ QUEBEC STUDY PERMIT FEE	\$ 116 CAD
TOTAL:	\$ 336 CAD

Cardholders Signature _____ Date _____