

CREDIT CARD AUTHORIZATION

Use this form to pay by credit card when the cardholder will not be present during the transaction.
The cardholder must print, complete and sign this form.

This form will remain strictly confidential.

Cardholder Name (as shown on the card)

First Name:

MANPREET

Middle Name:

Last Name:

JOSHI

Billing Address

Street Number and Unit: 122 8028 128 ST.

City: SURREY

Province/Country: BC

Postal Code: V3W 4E9

Student Information

First Name: BHAVDEEP

Middle Name: SINGH

Last Name:

Hanson ID (H):

Cambrian ID (A):

Payment amount Information

Amount in Canadian dollars:

\$ 400/-

Payment for:

☐ Deposit or tuition

☒ Other (specify):

NON REFUNDABLE APPLICATION FEES.

Credit Card Information

☒ Visa ☐ MasterCard

Expiry Date: 06/20

CSC (3-digit number): 436

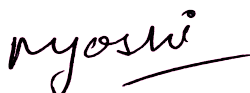
Credit Card Number: 4516-0760-0333-0445

Cardholder Authorization

I, MANPREET JOSHI (cardholder) have the authority to give this credit card authorization. I agree that this authorization will be effective on the date signed below. I authorize Hanson International Academy to charge the amount shown to my credit card. I understand and consent to the use of my credit card without my signature on the charge slip, that a copy of this agreement will serve as an original, and that this Credit Card Authorization cannot be revoked.

Cardholder – Signature and Date

Cardholder Signature:



Date: 14-10-2019