



International House Vancouver

CREDIT CARD AUTHORIZATION

Cardholder: Mr./ Mrs. _____
(First/ Last Name)

Student Name: _____
(If different from the cardholder)

Student ID: _____

Declare that I am the cardholder of the following credit card,
and agree to pay the amount below to International House
Vancouver (ILLC):

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number: _____ |
| Expiry Date: _____ |
| Type of Card: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> JCB |
| AMOUNT: \$ _____ CAD/ USD (Circle One) |
| Cardholder Signature: _____ |
| Date: _____ |
| Debit above amount from account shown above. |

***** Please fax this form with the original invoice to
IH Vancouver *****



Suite 200-1215 West Broadway, Vancouver, B.C., Canada V6H 1G7
Tel: 604 739-9836 | Fax: 604 739-9839 | Internet: <http://www.ihvancouver.com>