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CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION

Name (as it appears on card):

Card Number:

Card Expiry Date:

CVD Number:

Day time Phone Number:

Address Associate with the Card

AUTHORIZATION

I, the designated cardholder of the above card, do authorize Eton College to charge the card for the items agreed to in the contracts and via email communication.

DATE:

PAYMENT AMOUNT:

DATE:

PAYMENT AMOUNT:

DATE:

PAYMENT AMOUNT:

DATE:

PAYMENT AMOUNT:

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____