
CREDIT CARD AUTHORIZATION FORM

Date: _____

Last Name, First Name: _____

Test Date: _____

Telephone: _____ Email Address: _____

Name of Credit Card Holder : _____

Credit Card: Visa Mastercard American Express*

Credit Card Number: _____

Verification Code:

Expiration date: _____

Amount to be charged US\$: _____ For: _____ (test fee, add'l TRF*, EOR*, etc.)

Billing Address: _____

Signature: _____

*Please note that a \$10.00 surcharge will be applied to American Express credit cards. A 3% surcharge is applied to all administrative fees (additional TRF's and EORs). No surcharge is applied for the test fee.

I authorize Eurocentres San Diego to charge my credit card as indicated above and I agree to be bound by the IELTS cancellation, postponement, and refund policies as outlined on the IELTS Application Form.