Credit Card Authorisation Form

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| Card Holder Authorisation(To be completed and signed by the card holder) |
| I hereby authorise **Exams Catalunya, S.L**. to debit the credit card identified below:For the amount of       EurosSigned: Date:      Name:       Title: Credit Card Information(To be completed by the card holder)Credit Card Number:      Expiry Date:  / Card Security Number:      Name on Card: :        |

Please tick one of the credit card types:

[ ]  VISA [ ]  MasterCard



Please sign and send the completed form to email info@exams-catalunya.com

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