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       Euros  Signed: 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

VisaFlag_tiny

Please sign and send the completed form to email [info@exams-catalunya.com](mailto:info@exams-catalunya.com)

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