



EC

729 Boylston Street
Boston MA 02116 USA - Boston MA

Tel : 1-617-247-3033

Fax : 00356 2379 0914

email : ec@ecenglish.com

website: www.ecenglish.com

Credit Card Authorisation

Agent / Client Name : _____

Card Holder:	_____
I Hereby Authorise:	EC Boston _____
To Charge My Credit Card:	Visa / Mastercard _____
Card Number:	_____
Expiry Date:	_____
Card Security Code: (The last 3 digits of the Credit Card number on the back of your card)	_____
Credit Card Billing Address	_____ _____ _____
The Sum Of :	_____
To Settle Proforma / Invoice Number:	_____
Signature:	_____

Comments:	_____ _____
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UK - MALTA - SOUTH AFRICA - USA

For clients attending EC Malta your card will be charged in Euros, EC Cape Town in Rands representing the amount in EURO at the daily exchange rate. For clients attending EC Centres in the UK your card will be charged in GBP.

If you wish to know the exact amount please contact Michela Runza on michelarunza@ecenglish.com

Please send copies of the front and back of the Credit Card to be charged with the signature clearly visible.



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