



CARD AUTHORIZATION FORM

MasterCard Visa AMEX Discover

Credit Card Number: _____ Expiration: _____ CVV #: _____

Name As It Appears On Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Important:

If you intend for another individual to place orders and pay for the product or service using your credit card information, you must give them authorization on this form. Please list names of those individuals authorized to use your credit card as payment for services. No other individuals will be allowed to request that these credit cards be used for payments.

Authorized Users Names: _____

The undersigned hereby declares that the information listed is true, accurate, and appears in the name as stated. Authorization is hereby given to the individuals listed above to use this credit card for purchase. I also authorize my credit card company to accept and charge my account for purchases initiated by the above named individuals. This form authorizes Language World USA Inc. and such information shall remain in full force and effect unless I revoke such authorization in writing.

Signature of Card Holder

Printed Name

Date

Other terms and conditions of this transaction:

Cardholder's Initials _____