



**Credit Card Authorization Form**  
**(for Visa or Mastercard only)**

I, \_\_\_\_\_(your name),

Hereby authorize Languages International (Toronto) Inc. to charge the credit card number listed below:

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Payment For \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please print, complete and fax to Languages International (Toronto) at 1-416-361-2403.