

EOR - PAYMENT AUTHORIZATION FORM

I, _____, authorize **Conestoga College** to charge my credit card. As outlined below for the Enquiry on Results request.

Name: _____ Phone: _____

Address: _____

Name of Cardholder (if different from above): _____

(Please Print)

- VISA

- MASTERCARD

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Expiry Date: ____ / ____ Security Code: ____ (last 3 digits on the back of the card)
(Month / Year)

Signature of Card Holder: _____ Date: _____

ENQUIRY ON RESULTS FEE = \$175.00 (Includes GST)

Administration Fee = \$ 50.00

Total = \$225.00

NOTE: Declined credit card transactions will be assessed a Handling fee of \$20.00

Receipt #: _____ **For Office Use Only**