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CREDIT CARD AUTHORIZATION FORM

CREDIT CARD HOLDER INFORMATION					
NAME OF APPLICANT			COUNTRY OF BIRTH		DATE OF BIRTH (YYYY / MM)
NAME OF CARDHOLDER			TYPE OF CARD		CARD EXPIRY DATE (YYYY / MM)
			VISA	MasterCard	
CARD NUMBER				SECURITY CODE (3 digit # on back of card)	
This is to authorize Bodwell High School to charge CAD\$			to my credit card, plus a 3.5% service charge.		
CARDHOLDER SIGNATURE		DATE			