

CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize VGC International College to charge your Credit Card (Visa/ MasterCard only). By signing this form you give VGC permission to charge your Credit Card for the amount indicated on or after the indicated date. All information will remain confidential.

Card Holder Information

Credit Card Type:

- Visa
 MasterCard

Name of Card holder: _____

Credit Card Number: _____

Expiration Date (mm/yyyy): _____

Security Code:
(the 3 digit code on the
back side of the Card) _____

Billing Address: _____

Amount to be charged: _____

Credit Card Surcharge:
(3.5% of amount above) _____

Total Amount: _____

I hereby authorize VGC International College to charge my Credit Card for the transaction of the amount mentioned above.

Signature of Card Holder: _____

Date (yyyy/mm/dd): _____