

IELTS TRF/EOR Credit Card Authorization - Canada

Test Information													
Candidate's First Name:	Candidate's Last Name:												
Test Date: (MM/DD/YY)													
Test Venue: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Vancouver</td> <td><input type="checkbox"/> Comox</td> <td><input type="checkbox"/> Langley</td> </tr> <tr> <td><input type="checkbox"/> Toronto</td> <td><input type="checkbox"/> Coquitlam</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Kamloops</td> <td><input type="checkbox"/> Victoria</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Abbotsford</td> <td><input type="checkbox"/> Regina</td> <td></td> </tr> </table>		<input type="checkbox"/> Vancouver	<input type="checkbox"/> Comox	<input type="checkbox"/> Langley	<input type="checkbox"/> Toronto	<input type="checkbox"/> Coquitlam	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Kamloops	<input type="checkbox"/> Victoria		<input type="checkbox"/> Abbotsford	<input type="checkbox"/> Regina	
<input type="checkbox"/> Vancouver	<input type="checkbox"/> Comox	<input type="checkbox"/> Langley											
<input type="checkbox"/> Toronto	<input type="checkbox"/> Coquitlam	<input type="checkbox"/> Other: _____											
<input type="checkbox"/> Kamloops	<input type="checkbox"/> Victoria												
<input type="checkbox"/> Abbotsford	<input type="checkbox"/> Regina												
Purpose: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Additional TRF</td> <td><input type="checkbox"/> Enquiry on Result (EOR)</td> </tr> </table>		<input type="checkbox"/> Additional TRF	<input type="checkbox"/> Enquiry on Result (EOR)										
<input type="checkbox"/> Additional TRF	<input type="checkbox"/> Enquiry on Result (EOR)												
Credit Card Information													
Cardholder's Full Name:													
Credit Card Number:	Expiration Date: (MM/YY)												
Card Type: <table style="display: inline-table; margin-left: 10px;"> <tr> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> Visa</td> </tr> </table>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Total Amount:										
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa												
Credit Card Authorization													
I authorize the charge of my credit card for the amount stated above, plus a 3% administration fee.													
Signature: _____													
Date: (MM/DD/YY) _____													