World Learning

1 Kipling Road, PO Box 676 Brattleboro, VT 05302-0676

Credit Card Charge Authorization

Complete to use your credit card

Account ID from invoice ___ ___ ___ ___ ___ ___ ___ Daytime telephone number_____

I hereby authorize World Learning to charge my ☐ **MasterCard** ☐ **VISA** account for $_____ for program fees or services rendered.

Student's name _____ Credit Card number | | | | | | | | | | | | | | | | |

Name on credit card _____ Exp. date _____ Security code _____
month/year 3-digit code

Address _____ City _____ State _____ Zipcode _____

Authorized credit card signature _____ Date_____

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