



Student's name: _____

Date of Birth: _____

Email address: _____

Credit / Debit Card Authorisation Form

Name of the card holder: _____

Billing address: _____

Post code: _____ City: _____

Country: _____

Phone number: _____

Type of card (*): Visa / Master / Switch / Other _____

Card number: _____

Expiry date: ____/____ Issue No. (Switch only): ____

Valid from (debit card only): _____ / _____

Security code (**): _____

Total amount: £ _____

I authorise London Language Centre to deduct the total amount from my credit card.

Card holder's signature:

(*) We do not accept Dinners/ American Express cards

(**) The last 3 digits of the numbers on the back of your card

Please email or fax back to Nicole Jarrett

Email: enroll@llcentre.com