

Please fill out this form and send it back along with a CLEAR scanned copy of the front and back of the credit card use for payment

Student name

First Name

Middle Initial

Last Name

Mailing Address

Name of Cardholder (if different from above)

Please Print

Billing Address

Type of Card

Visa

MasterCard

American Express

Card Number

Expiry Date

MM

/

YYYY

Security Code

I, _____ (*name*) hereby authorize Open Hearts Language Academy to charge my credit card account indicated above in the amount of _____ USD and agree to a processing fee not to exceed 2.5%.

Signature of Card Holder: _____ Date (DD/MM/YYYY): ____ / ____ / ____

Note that a 2.5 % processing fee will be added for this service