

Card authorization form

I, _____, give permission to Capitol Language Services to charge
Buyer name **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service and name of your child(ren)

All fields required

Card information

Card type - **NO AMERICAN EXPRESS**

- MasterCard
 Discover
 VISA

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week **Month** Quarter Other _____

Charge on this date 1st of every month
(For example, the 1st of every month)

Payment amount

Product/service sold

The recurring payment can be canceled with at least a 30-day notice.

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: accounting@capitollanguageservices.com
(Name and email)

Customer signature

Date