

Anglo-Contir	ne	ntal, 29 - 35 Wimborne	Road, Bournemouth BH2 6NA, Er	ngland
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Fax :		(0)1202-556156	Website :	www.anglo-continental.com

## AUTHORISATION OF PAYMENT BY CREDIT/DEBIT CARD

(Please complete this form in full using BLOCK CAPITALS)				
Student name	:			
Student Reference Number (if known)	:			
Cardholder's Name	:			
Cardholder's Billing Address	:			
Type of Card	:			
Card Number				
Security Number	: American Express Other Cards			
Card Valid From Date	: / if available			
Card Expiry Date				
Amount in Figures	: ( <b>GBP</b> ) £			
Amount in Words	:			
Signature of cardholder	:			

I hereby authorise Anglo-Continental to charge my credit/debit card with the amount due and agree to abide by the conditions detailed below.

Signature:	Date :
Name:	

## Conditions

- 1. A service charge of 2.5% is applicable.
- 2. Anglo-Continental reserves the right to deduct charges, as specified in its Conditions of Enrolment, from any refund of fees paid for a course which is subsequently cancelled or postponed.