



CREDIT/ DEBIT CARD PAYMENT AUTHORISATION FORM

To: _____ – KBM GROUP

Please X the company you are paying for:

SC Inglese T/A KBM Consultants	KBM British School of English	KBM Training & Recruitment	KBM London School of Accountancy & Business Studies	Work Experience in London
				x

From (Cardholder's Name) _____

Telephone Number _____

Email Address _____

On Behalf of (Student's Name) _____

Please debit my card the following amount

£

"Please note that for any transactions processed by International Debit or Credit Cards we charge 2.34%. (We do not accept American Express)".

I give authorisation to KBM LSABS of KBM GROUP of companies to debit my card (see card details below) for the amount above. It is my responsibility to make sure I have sufficient funds in my account.

Card Type MasterCard Visa Switch Solo AMEX

Card Number: _____

Name as it appears on the card: _____

Start Date* _____

Expiration Date* _____

Issue Number* _____

Security Code* _____

* **Start Date** for Solo Cards only

* **Expiry Date** must be at least 2 months after checkout.

* **Issue number** where applicable

* **Security Code** last 3 digits printed on the signature strip on the back of the card

Cardholder address (**must include post code and house number for billing address**):

I have read and agree to the above details:

Cardholder signature:

Place and date:

Print Name: