



# THE CODRINGTON SCHOOL

## THE INTERNATIONAL SCHOOL OF BARBADOS

### Credit Card Authorization Agreement

Please complete this form and return it to the Business or Admissions Office

By my signature below I agree to pay according to the relevant card issuer agreement held by me. I hereby authorize The Codrington School, The International School of Barbados to retain my below signature on file and charge my card as indicated below.

I acknowledge receipt of Application fees, Tuition; Enrichment; Uniform; Transportation or other incidental costs for the charges authorized by this agreement and.

This agreement shall continue until either party provides to the other a written notice of termination specifying the relevant date of termination. Any changes to this authorization should be in writing.

- Company/ Cardholder Name: \_\_\_\_\_
- Date: \_\_\_\_\_ Day / \_\_\_\_\_ Month / \_\_\_\_\_ Year
- Name on Card: \_\_\_\_\_
- Card Number: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_
- Country: \_\_\_\_\_
- Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ Month / \_\_\_\_\_ Year
- Telephone Number: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Cardholder Signature:

*This information can be used for verification with the credit card company to assess the validity of the information supplied*

**For use by the Codrington School Trust:**

**CHECKED & APPROVED By:** \_\_\_\_\_

