



# BITTS

## Testing Services

### Credit Card Authorisation Form

I, \_\_\_\_\_ authorise BITTS Testing Services, Canada to charge the credit/debit card mentioned below for

Candidate Name: \_\_\_\_\_

(Payment/Candidate Reference Number): \_\_\_\_\_

Credit/Debit Card Type:

Visa

MasterCard

Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3 Digit security number: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Address of the card holder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Purpose Payment: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_