



## CREDIT CARD PRE-AUTHORIZATION FORM

### NAME

John Smith

### EMAIL

JohnSmith--87@hotmail.com

## CREDIT CARD INFORMATION

### CARD TYPE:

Visa

### CARD HOLDER NAME:

John Smith

### CARD NUMBER:

2375\*\*\*\*\*

### EXPIRATION DATE\*

\*\*/\*\*

### CARD HOLDER BILLING ADDRESS:

7270 Woodbine Ave. #302, Markham, ON Canada L3R 4B9

### CVV (DIGIT CODE AT THE BACK OF THE CARD ):

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I authorize Canadian Board of Aesthetic Medicine to charge the above credit card to process the upcoming payments on the mentioned transaction dates for the course i have registered with this organization with the installment payments :

### UPCOMING PAYMENTS AND DATE OF TRANSACTIONS

\$2500 due Jan 22, 2021  
\$2500 due Feb 22, 2021  
\$2500 due Mar 22, 2021

✓I understand that my financial information will be saved to the file for future transactions and Canadian Board of Aesthetic Medicine is allowed to charge my card for each mentioned payment on the mentioned date without any further notice to me. If the card is declined for any reason, I authorize the Credit card company to release the mentioned charge(s) to Canadian Board of Aesthetic Medicine.

✓I agree that I will not receive any certificates for any of the courses until I have paid the full payments.

✓I am responsible to inform CBAM immediately if the above card is lost or expired and provide CBAM with a new credit card information.

**Notes:**

1. We will save your information to process the above agreed payments until the date of the last payment. After that, we will destroy your financial information permanently.

2. To verify your credit card information, we will charge you a testing \$1 after we received your financial information. We will deduct this \$1 from your total payment.

3. If you would like to pay any of the installments with a different route of payment other than the above credit card (such as email-transfer, direct deposit or PayPal or...) , you are welcome to do so. In this case, if we receive the installment by the deadline, we will not charge the credit card and cancel that installment from the list of payments above.

**SIGNATURE**

**Date:**