



AUTHORIZATION FOR CREDIT CARD BILLING

I hereby authorize the Hawaii English Language Program (HELP) to settle my account for the following charges:

REASON FOR CHARGES: _____

AMOUNT TO BE CHARGED TO CARD USD\$: _____

CREDIT CARD INFORMATION

TYPE OF CREDIT CARD: [] (VI) Visa [] (MC) MasterCard

ACCOUNT NUMBER: _____ EXPIRATION DATE: ___/___

CVV2/CVC2/CID NUMBER (3 or 4 digit number on back of card) : _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS: _____

CITY, STATE, (COUNTRY), ZIP: _____

HOME PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

AUTHORIZATION (Please sign and mail or fax back to 808-956-5100)

SIGNATURE OF CARDHOLDER: _____ DATE: _____

