



Test Centre

Phone: +1 (604) 248-4982

Ext. 540 or 541



IELTS™

Official Test Center

Credit Card Payment Authorization Form EOR

CANDIDATE NAME

First Name

Last Name

EMAIL

Enquiry on Results

Requests must be submitted with the Test Report Form within 6 weeks of the test date.

	Price	Quantity	Total
EOR	\$160.00		\$
includes tax		Total	\$

CARD HOLDER'S NAME

First Name

Last Name

CREDIT CARD

MasterCard

Visa

CREDIT CARD NUMBER

CVV:

EXPIRY DATE

I authorize ILAC IELTS Vancouver to charge \$ _____ CDN to my credit card.

SIGNATURE OF CARD HOLDER

DATE

CLEAR EOR FORM

CLEAR CREDIT CARD FORM

CLEAR ALL

For Office Use Only:

Receipt No.: _____

Date: _____

Administrator: _____

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