



EOR Payment Form

Return to: info@ilacielts.com

IELTS
The test
you can
trust

Candidate First Name:

Candidate Last Name:

E-mail:

Enquiry on Results

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

	Price	Quantity	Total
EOB			
Tax @ 5%			
Total			

Card Holder's First Name:

Card Holder's Last Name:

Card Holder's Address + Postal Code:

Credit Card:

MasterCard

Visa

Credit Card Number:

Expiry Date:

I authorize ILAC to charge

to the above credit card.

CVV:

Card Holder's Signature: _____

Date: _____

For Office Use Only

Receipt No.:

Date:

Administrator: