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Please visit our website: www.learcomm.ca

## CREDIT CARD MONTHLY BILLING PRE-AUTHORIZATION FORM

I,	, authorize	e LEAR COMMUNIC	ATION INC to automatically
client/parent/guardian			
charge my Visa or Masterca	rd for the ser	vices rendered on t	he account of
name of client	each mon	th when the invoice	e is generated.
I understand that a paid recomment is payment. If I wish so at any time.			t upon processing each ly credit card billing, I may do
CREDIT CARD TYPE	Visa	Mastercard	
CREDIT CARD NUMBER			-
EXPIRATION DATE			-
BILLING ADDRESS			-
NAME ON CREDIT CARD			
Signature			Date