

# Fax to +34 933427121 to Speakeasy Language School, Barcelona

Please use **CAPITAL** letters to fill out this form.

**Name of Student:** \_\_\_\_\_

**Class starting date:** \_\_\_\_\_

\_\_\_\_\_

-I authorize **Speakeasy Language School Barcelona (Official Company name: Kohnke Williams S.L.)** to charge my credit card for the amount specified below.

-I certify that I am over 18 years of age.

-I have read the Terms & Conditions related to enrolment at Speakeasy Language School, as well as the Refund Policy.

-I understand certain terms and conditions apply in the event of a cancellation or refund.

\_\_\_\_\_

**Type of Card:** ( circle one )     VISA     VISA Electron     Master Card

**Name of Issuing Bank:** \_\_\_\_\_

**Credit Card Number:**               

**Expiration Date (mm/yy):**     /

**Name of Card Holder:** \_\_\_\_\_

**Amount to be charged in Euro:**    € \_\_\_\_\_

\_\_\_\_\_  
**Signature of Cardholder:**

\_\_\_\_\_  
**Date**