

## Credit Card Authorization Form

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Cardholder Name: \_\_\_\_\_  
(Please type or print legibly)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Apt./Box No.: \_\_\_\_\_ City/State: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_.  
(Please type or print legibly)

Relationship to Student: \_\_\_\_\_

Credit Card Type:  VISA  MASTERCARD  American Express  Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Course Fee: Amount: \$ \_\_\_\_\_ (USD)

Course Materials/Textbook Fee: Amount: \$ \_\_\_\_\_ (USD)

Refundable Deposit: Amount: \$ \_\_\_\_\_ (USD)

Donation: Amount: \$ \_\_\_\_\_ (USD)