

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)

Refundable Deposit: Amount: \$ _____ (USD)

Donation: Amount: \$ _____ (USD)