



Credit Card Authorization Information:

Date _____

Name of **Student**/Company: _____

If different, Name of Person whom credit card is in: _____

Visa MasterCard Discover American Express (*circle one*)

Credit Card # _____

Exp Date ____ month ____ year 3 digit CID/CVC/VPN # from back of card ____ _
Amount to charge _____ for Class/scheduled

Billing Address _____ street

_____ city _____ state _____ zip

Phone # to call if any questions or concerns: _____

Where to send receipt: ____ billing address ____ fax ____ e-mail or ____ other:

Signature of card holder: _____

*If you are coming to class, we will present receipt at that time

For office use only:
Date Processed _____
Receipt # _____
Employee Initials _____