



## 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    VPN# \_\_\_\_\_

**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:

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

Signature of authorizing representative: \_\_\_\_\_