



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:

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 _____