



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE.

STUDENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____ Billing Zip Code: _____

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



Total Amount Charged: \$ _____ (USD)

Apply Amount to:

- | | |
|--|---|
| <input type="checkbox"/> Application Fee (\$150) | <input type="checkbox"/> Student Service Fee (\$30) |
| <input type="checkbox"/> FedEx Mailing Service Fee (\$100) | <input type="checkbox"/> Tuition _____ |
| | <input type="checkbox"/> Other _____ |