

# CREDIT CARD AUTHORIZATION FORM

Card Type:  Master  Visa  American Express  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_(MM)\_\_\_\_\_ (YYYY)

Validation/Security Code: \_\_\_\_\_

Cardholder name \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip code \_\_\_\_\_

This payment is made for \_\_\_\_\_ (Student Name) as:

Description/Purpose

of the payment

Application fee

Registration fee

Other \_\_\_\_\_

I authorize: \_\_\_\_\_ (School Name) to Charge

my credit card the amount of \_\_\_\_\_ for the purpose as indicated above.

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Cardholder signature

Date