

### Credit Card Authorization Form

<b>Student Information</b>	First Name	Last Name
	CV#	Program

<b>Card Information</b>	Credit Card Holder's Name	Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	
	Credit Card Number	Expiration Date (MM/YY)	CVC Code
	Billing Address Street	City, State	Zip Code

<b>Amount</b>	Amount To Be Charged	Frequency <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Charge By Date ▶	Today's Date ▶

<b>Sign Here</b>	Cardholder's Signature ▶	Date ▶
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*Please fax or scan the filled out form with an attached photocopy of the front and back of the credit card and a government-issued form of identification.*