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## CREDIT CARD AUTHORIZATION FORM

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Check one:

**TOUR PAYMENT**

**TUITION PAYMENT**

Cardholder Name (please print) \_\_\_\_\_

Cardholder Billing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Amount Authorized for Charge \_\_\_\_\_ +3%

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

By signing I acknowledge charges described herein.

Payment in full is to be made within one week of the time of the sale.