

Credit Card Authorization Form

Payment Information		
Student/Group Name: _____		
Purpose: <input type="checkbox"/> Tuition <input type="checkbox"/> Homestay <input type="checkbox"/> Other: _____		
Campus: <input type="checkbox"/> Vancouver <input type="checkbox"/> Toronto <input type="checkbox"/> San Diego		
Credit Card Information		
Cardholder's Full Name: _____		
Credit Card Number: _____	CVV Number: _____	Expiration Date: (MM/YY) _____
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX (San Diego Only)		Total Amount: _____
Credit Card Authorization		
<p>I authorize the charge of my credit card for the amount stated above, plus a 3% administration fee.</p> <p>Signature: _____</p> <p>Date: (MM/DD/YY) _____</p>		

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