

Credit Card Authorization Form

I wish to authorize the purchase of services/merchandise from Capstone English Mastery Center using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold Capstone English Center harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one (1) year.

Directions: Please print this page, fill in all required information above, and email to admissions@capstone.org or FAX to (503) 228-3961.

CONFIDENTIAL

Card Type		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card Number			Expiration Date ____/____ & CVC _____		
Cardholder Name					
Credit Card Billing Address:					
Street					
City		State/Province		Country	
REQUIRED: Zip or Postal Code:					
Telephone Number					
Reason for Charge				Amount of Charge: \$ _____	
I hereby authorize the charge above					
Signature:			Date:		
Official Use Only					