CREDIT CARD AUTHORIZATION FORM

(This section is to be completed by the cardholder)

Cardholder Name (Please Print): _____

Student Name: _____

Street Address: _____

City:_____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Credit Card Type: VISA MasterCard

Credit Card Number: _____ Exp Date: _____

Security Code: _____ _____ _____

(This number is 3-digits and is the non-embossed number printed on the signature panel on the back of your card. This number is recorded as an additional security precaution.)

FIRST CHARGE DATE: _____ NUMBER OF PAYMENTS: _____

TUITION AMOUNT AUTHORIZED TO CHARGE:_____

(Credit cards will be charged on the 1st of each month for the length of the term.)

I WOULD LIKE TO AUTHORIZE SPARK OF CREATION STUDIO TO CHARGE THIS ACCOUNT FOR MY COSTUME DEPOSIT ALONG WITH MY NOVEMBER TUITION.

I AM AUTHORIZING **SPARK OF CREATION STUDIO** TO CHARGE MY CREDIT CARD FOR MY MONTHLY TUTION. ALL OTHER STUDIO CHARGES WILL BE PAID SEPERATELY.

_____ _____ _____

Print Name Signature Date

For office use only

Month	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Date									
Amount									
Initials									