



Credit Card Information

Note: There is a 3% surcharge for all credit card transactions.

Card holder name: _____

Student(s) name _____

Address _____

City, State _____

Zip code billing address: _____

Credit card Mastercard Visa Discover Am Express

Credit card number: _____

Expiration date: _____

Security code: _____

I _____, authorize _____ to charge my credit card above for the agreed upon fees, I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

Signature

I hereby authorize CEC to keep this information on file in the office in a secure area:

Yes _____ No _____