



Education System

## CREDIT CARD AUTHORIZATION FORM

NAME OF STUDENT: \_\_\_\_\_

AFFILIATE: \_\_\_\_\_ COLLEGES OF LAW \_\_\_\_\_

CAMPUS: SANTA BARBARA \_\_\_\_\_ VENTURA \_\_\_\_\_

PROGRAM: \_\_\_\_\_

TYPE OF FEE:     Application Fee \_\_\_\_\_ Tuition Deposit \_\_\_\_\_  
                  Other (Specify): \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Am/Ex

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV# (3 digits/4 digits for Am/Ex Holders): \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

CARD HOLDER'S ADDRESS

STREET: \_\_\_\_\_

APARTMENT: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ADMINISTRATOR'S NAME: \_\_\_\_\_