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# CREDIT CARD AUTHORIZATION FORM

Please fill out this form and fax it to (123) 123 4567 or e-mail it to info@hloom.com

|  |  |  |
| --- | --- | --- |
| Date: |  |  |
|  |
|  | I hereby authorize COMPANY NAME to debit my card as payment for courses and accommodation (if applicable) at COLLEGE NAME for: |
|  |
| Student’s name: |  |
|  |
| Invoice number: |  |  |
|  |
| Card Type: | □ Visa □ MasterCard □ Switch □ Discover |
|  |
| Amount to charge ($): |  |  |
|  |
| Name on Card: |  |
|  |
| Card Number: |  |  |  |  | / |  |  |  |  | / |  |  |  |  | / |  |  |  |  |
|  |
| Expiry date: |  | CCV |  |
|  |
| Start date (Switch only): |  |  |
|  |
| Issue number (Switch only): |  |  |
|  |
| Billing address: |  |
|  |
|  |  |
|  |
| Credit card holder signature: |  |

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