[](https://www.myperfectresume.com/membership/RegisterGuestUser.aspx?wizard=true&productid=17&utm_source=hloom-com&utm_medium=referral&utm_campaign=word-template)  


123 Park Avenue,

Michigan 69789 MI

Tel: 123-456-7899

Fax: 123-123-4567

Email: info@site.com

www.site.com

# 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: |  | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card holder signature: |  | | | | | | | | | | | | | | | | | | | | | |

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