



INTERIOR ACADEMY

school · spa · salon



Credit Card Authorization Form

Student Name: _____ Program Name: _____

Program Costs: _____

- I authorize a one-time charge against my credit card for the fee \$ _____
- I authorize _____ charges against my credit card for the fee \$ _____

CARDHOLDER INFORMATION (Exactly As it Appears on Statement)

Cardholder Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____ / ____ / ____

Security Code: _____

*receipts will be emailed once processed.