

# CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize Pennsylvania International Academy to charge my credit card for the amount of \$175.00 for the student (student's name) \_\_\_\_\_.

**Type of Card:**                      VISA                      MASTERCARD

**Credit Card Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_ (Located on the back of card for Visa and MasterCard.)

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_  
DATE