

Credit Card Authorization Form

Contact Name: _____

Organization: _____

Number of Attendees: _____

Amount to be charged: _____

Credit Card Information:

MasterCard ____ Discover ____ Visa ____ American Express ____

Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____/____

Security code/# _____

Card Holder Name: _____

Card Holder Signature: _____

Billing address _____

City _____ State: _____ Zip code _____

Country: _____

Cardholder signature

Date

I, cardholder, hereby authorize Education First Inc to charge my credit card for tuition/registration fees, Should your card payment be declined, you will be charged an additional \$25 for Declined Credit Card Fee.

Please FAX your credit card authorization form to: 954-888-9987

Thank you for your payment