



CAL AMERICA

EDUCATION INSTITUTE

3700 Wilshire Boulevard Suite 200 Los Angeles, California 90010 USA
Tel: (213) 381-3377 Fax: (213) 383-5110 E-Mail: info@cal-america.com

Credit Card Authorization Form

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Student's Name :	Name on Card (If different than student's name) :	
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CARD HOLDER INFORMATION		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Sorry, we do not accept American Express.)		
Card Number: _____ - _____ - _____ Exp. Date: ____ / ____		
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<p>I agree that I will pay for this transaction and indemnify and hold Cal America Education Institute harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the credit card charge slip.</p> <p>Directions: Please print this page, fill in all required information above and fax to 213-383-5110, attaché to an email to info@cal-america or mail to 3700 Wilshire Boulevard, Suite 200, Los Angeles, CA 90010.</p>		
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