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Credit Card Authorization Form

CARD HOLDER INFORMATION

Student's Name :		Name on Card (If different than student's name) :	
Billing Address :			
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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: ____ / ____
CVV: _____	Amount: US\$ _____	
<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@calamerica.edu or mail to 2960 Wilshire Boulevard, 2nd FL, Los Angeles, CA 90010.</p>		
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Print name	Signature	Date