



PLEASE FILL OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard
Visa & Mastercard Only

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Card Identification Number: _____
(last 3 digits located on the back of the card)

Amount to Charge: _____ (USD)
International cards will be charged a 5%
convenience fee

**Are you paying on behalf of an
enrolled student or applicant?:** Yes No

**If Yes, what is the full name of the
student/applicant?:** _____

I authorize **California College of Music** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signature: _____

Dated: _____

Name: _____