



## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (714)731-0938 OR EMAIL: MAGNETACADEMY@GMAIL.COM OR BY MAIL.

STUDENT NAME: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PAYMENT METHOD: VISA \_\_ MASTER \_\_ DISCOVER \_\_ AMERICAN EXPRESS \_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_/\_\_\_\_\_

AMOUNT CHARGED: US\$ \_\_\_\_\_

ONE TIME PAYMENT \_\_

MONTHLY PAYMENT \_\_ (5TH, 10TH OF EACH MONTH)

OTHER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_