

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO OUR OFFICE BY: FAX: (972) 307-3440 or EMAIL: choices@choicesleadership.org

STUDENT NAME: _____

Cardholder Name: _____

Signature: _____

Address: _____

City _____ State _____

Credit Card Type:

_____ VISA _____ MASTERCARD

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

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



Amount Charged: \$ _____ (USD)

Charge Date: _____

FAX or send the authorization to:

Admissions
Choices Leadership Academy
18106 Marsh Lane
Dallas, Texas 75287
Phone (972) 662-0665 Fax (972) 307-3440