

# CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY  
FAX:+1 (954) 636-7104 OR BY REGISTERED MAIL.

STUDENT NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

Cardholder Name: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

Cardholder Address: \_\_\_\_\_  
(NUMBER AND STREET, APARTMENT #)  
\_\_\_\_\_  
(CITY, STATE, COUNTRY, BILLING ZIP CODE)

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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



Amount Charged: \$ \_\_\_\_\_ (USD)  
(X,XXX.XX) (IN WORDS)

Apply Amount to:

Registration & Document Processing Fees, Including SEVIS Fee \$ \_\_\_\_\_ (Non-refundable )

Tuition and Books/Supplies/Student Kit \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(MM, DD, YYYY)

***FAX or send the authorization to:***

***Prestige Beauty Academy International, Inc.***

3845 NE 163<sup>rd</sup> Street

North Miami Beach, FL 33160, USA

**Tel: 305-395-3458 Fax: 954-636-7104**