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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

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:** \_\_\_\_\_