



CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION

Student Name: _____
Student ID: _____
Start Date: _____

CREDIT CARD INFORMATION

I authorize The Language Company to charge my credit card for the amount indicated below.

Cardholder Signature: _____
Cardholder Name (Print): _____
Billing Address: _____
City, State, Zip: _____
Today's Date: _____
Charge Amount: \$ _____ (USD)
Card Type: Visa Master Card
Card Number: _____
Expiration Date (MM/YY): _____ / _____
3-Digit Security Code (CVV2): _____

MARK AND SUBMIT TO THE CENTER YOU ARE ATTENDING VIA FAX

- | | | |
|--|---|---|
| <input type="checkbox"/> TLC-Charleston
Fax: (217) 345-4026 | <input type="checkbox"/> TLC-Fort Wayne
Fax: (260) 480-4158 | <input type="checkbox"/> TLC-South Bend
Fax: (574) 287-4688 |
| <input type="checkbox"/> TLC-Dallas/Fort Worth
Fax: (817) 531-7176 | <input type="checkbox"/> TLC-Kirksville
Fax: (660) 627-6099 | <input type="checkbox"/> TLC-Toledo
Fax: (419) 537-8830 |
| <input type="checkbox"/> TLC-Edmond
Fax: (405) 341-1165 | <input type="checkbox"/> TLC-Orlando
Fax: (407) 859-8999 | |