



Credit Card Charge Authorization Form

Please provide the following information

Name of Student _____ FLS Student ID # _____
Last Name *First Name*

Student Attending... (check one):

- Citrus College
 Dean College
 MiraCosta College
 Lock Haven University
 College of Southern Nevada
 Oxnard College

Credit Card (check one): [] VISA [] MASTER CARD [] AMERICAN EXPRESS

Cardholder Name (as it appears on the card) _____
Please Print Clearly

Credit Card Number _____ Expiration Date _____

Description	Amount
<i>Application Fee</i>	_____
<i>Tuition Deposit</i>	_____
<i>Program Fee</i>	_____
<i>Airport Pickup</i>	_____
<i>Medical Insurance</i>	_____
<i>Accommodation Supplement</i>	_____
<i>Express Mail Fee</i>	_____
<i>Other</i>	_____
<i>Other</i>	_____

Total Amount to Charge to Credit Card _____

Credit Card Holder Signature _____ Date ____/____/____

Authorization Code _____ Authorization Date ____/____/____