



ROYAL CONSERVATORY OF MUSIC & ARTS

CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT AND COMPLETE THIS AUTHORIZATION

STUDENT NAME: _____

Cardholder Name: _____

Billing Address: _____

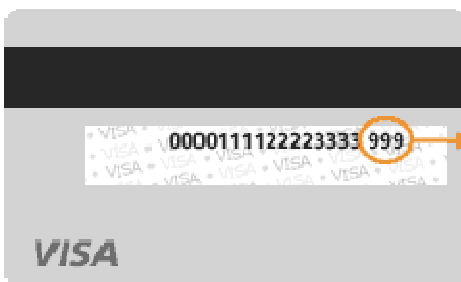
Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

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



**Card
Identification
Number**

Home Phone Associated with Account:

Signature: _____