

SoloQuest Learning Center

Credit Card Authorization

Student Name: _____

Cardholder Name: _____

Billing Address: _____

Please choose the appropriate option:

- Bill my credit card for the following amount: \$ _____

- Bill my credit card for the amount due if my payment is not received within 3 days of the due date.

Card Type: (circle one) Visa MasterCard

Card Number:

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Expiration: _____

Signature: _____ Date: _____

<p><u>Authorization</u></p> <p><i>I hereby authorize SoloQuest Learning Center to debit my credit card for the charges specified above.</i></p> <p>(Sign here to acknowledge)</p> <div style="border: 1px solid black; width: 400px; height: 30px; margin-left: 100px;"></div>
