



# San Fernando Valley Professional School

## Credit Card Authorization Form

*Student's Name* \_\_\_\_\_

**Instructions:**

1. Complete this form, print it, sign and date it.
2. Submit by mail or in person.

**Submit to:**

San Fernando Valley Professional School  
P. O. Box 5269  
North Hollywood, CA. 91606

**Cardholder's Name**

**Home Telephone Number**

**Email Address**

I authorize a charge against my credit card in the following amount

\$

**Credit Card (choose one)**

MasterCard

Visa

Discover

**Card Number**

**Expiration Date**

**Cardholder's Billing Address**

\_\_\_\_\_  
*Signature, as it appears on your card*

\_\_\_\_\_  
*Today's date*