



# CAL AMERICA

## EDUCATION INSTITUTE

3700 Wilshire Boulevard Suite 200 Los Angeles, California 90010 USA  
Tel: (213) 381-3377 Fax: (213) 383-5110 E-Mail: info@cal-america.com

## Credit Card Authorization Form

CARD HOLDER INFORMATION		
Student's Name :	Name on Card (If different than student's name) :	
Billing Address :		
City :	State :	Zip :
Phone Number :	Email Address :	

CARD HOLDER INFORMATION		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Sorry, we do not accept American Express.)		
Card Number: _____ - _____ - _____ Exp. Date: ____ / ____		
CVV: _____ Amount: US\$ _____		
<p>I agree that I will pay for this transaction and indemnify and hold Cal America Education Institute harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the credit card charge slip.</p> <p><b>Directions:</b> Please print this page, fill in all required information above and fax to 213-383-5110, attaché to an email to info@cal-america or mail to 3700 Wilshire Boulevard, Suite 200, Los Angeles, CA 90010.</p>		
_____	_____	_____
Print name	Signature	Date