

Golden Hyde School
 1168 San Gabriel Blvd. #J, Rosemead, CA 91770
 TEL: 626-571-0751 FAX: 626-571-0873

CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

Instructions:

1. Please call us or refer to the Course Catalog on our website when filling out this form.
2. Once you are done filling out this form, you may either fax or mail it to us.

Quantity	Course #	Description	Unit Price	Total
Subtotal			\$	\$
*Shipping & Handling			\$	\$
Total Being Charged to Card			\$	\$

*** Shipping & Handling (PLEASE ADD TO SUBTOTAL)**

- | | |
|---|--|
| <input type="checkbox"/> Not applicable/No shipping | <input type="checkbox"/> Will Pick Up |
| <input type="checkbox"/> Mail me my order (No textbooks) (\$5.00) | <input type="checkbox"/> Mail me my order (With textbooks) (\$10.00) |

Ship To:

Student's Name
Street Address
City, State, Zip Code
Phone Number

Bill To:

Cardholder's Name	
Street Address	
City, State, Zip Code	
Phone Number	
Type: VISA MC (CIRCLE ONE)	Credit Card Number
CVC Code (Last 3-4 digits on the back of the card)	Expiration Date
How would you like your confirmation of payment?	
<input type="checkbox"/> Please call me. <input type="checkbox"/> Please do not contact me.	
<input type="checkbox"/> Email @: _____ <input type="checkbox"/> Fax to: _____	

As the credit card holder, I hereby authorize Golden Hyde School to charge my credit card in the amount stated above. By signing this agreement, I acknowledge the charges described herein and assume full responsibility for said charges and agree to honor and abide by the terms of Golden Hyde School.

 Signature of Cardholder Date

FOR GOLDEN HYDE SCHOOL USE ONLY

TOTAL AMOUNT CHARGED: \$	PROCESSED BY:
CONFIRMATION #:	DATE: