



Columbia West College

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ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Please print out and complete this form to allow a one-time charge to the credit card listed below.

All information will remain confidential. **Fax your completed form to (213) 368-3903.**

Please complete the information below:

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

E-mail Address: _____

Credit Card Type: Visa MasterCard AMEX

Credit Card Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

Description of Purchase: _____

Amount to Charge: \$ _____ (USD)

I authorize Columbia West College to charge the credit card indicated in this authorization form according to the terms outlined below. This payment authorization is for the goods/services described above, for the amount indicated above only and is valid for one time use only. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

I certify that I am the authorized holder and signer of the credit card referenced above, and all information above is complete and accurate.

SIGNATURE _____ DATE _____