



***Credit Card Authorization Form***  
*(for Continuing Education Courses)*

Student's name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Please print clearly

Card Holder's Name: \_\_\_\_\_ Contact (email/phone): \_\_\_\_\_  
Please print clearly

Course: \_\_\_\_\_ Total Amount: \_\_\_\_\_

*I authorize SPT/WCCC to charge my credit card for the amount below.*

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

**We will be happy to offer you a refund or apply payment to another class of your choice if you withdraw 3 business days prior to the first day of class. No refund will be issued after the deadline. A \$15.00 processing fee will be incurred for withdrawals.**

*\* This portion of the form will be kept for records of payment \**

***Payment Information***

Visa       MasterCard       Discover       American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Please print clearly

**Authorized amount to charge: \$ \_\_\_\_\_**

Cardholder Street Address: \_\_\_\_\_  
Please print clearly

Cardholder Zip Code: \_\_\_\_\_

*\* For your protection, this portion of the form will be destroyed once the transaction is processed \**

***Once complete, please fax this form to the Phillipsburg Education Center: (908) 878-0170***