



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

Refund policy: You may withdraw three business days prior to the first day of class in order to receive a refund minus a \$15.00 processing fee (unless the institution cancels the class). No refunds will be issued after this deadline.

** 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