



CREDIT CARD AUTHORIZATION FORM

NAME OF STUDENT: _____

NAME OF GUARANTOR (IF CARDHOLDER IS NOT THE STRASBERG APPLICANT):

I, _____ HEREBY AUTHORIZE THE LEE STRASBERG THEATRE & FILM INSTITUTE TO CHARGE MY CREDIT CARD IN THE AMOUNT OF US\$ _____.

VISA MASTERCARD DISCOVER CARD AMERICAN EXPRESS (NY Campus Only)

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV SECURITY CODE # _____

CREDIT CARD BILLING ADDRESS

STREET: _____

CITY: _____ STATE: _____ POSTAL CODE _____

REGION (IF NOT IN US): _____ COUNTRY: _____

TELEPHONE: _____ EMAIL: _____

CARDHOLDER'S SIGNATURE: _____ DATE: _____