



**CREDIT CARD AUTHORIZATION FORM**

Name on Card: \_\_\_\_\_  
Type of Card:  Visa  MasterCard  Discover  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

Recurring Amount to Charge (Monthly): \$ \_\_\_\_\_

By signing this form, you authorize The School of Architecture at Taliesin to charge this credit card for the amount(s) listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_