

CREDIT CARD AUTHORIZATION

Student(s) First and Last Names: _____

BILLING DETAILS

Card Holder's Name (exactly as it appears on credit card): _____

Address, City, State and Zip: _____

Phone Number: (____) ____ - ____ Email: _____

CREDIT CARD INFORMATION

Visa MC Amex Discover Other: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Security Code (CVV): _____

I hereby authorize The Ugarte Studio to process regularly scheduled charges for tuition per the Enrollment Package and its subsequent updates, as well as additionally authorized charges.

Physical or Electronic Signature: _____ Date: ____ / ____ / ____