ANGELES COLLEGE

MasterCard
VISA

Credit Card Authorization

Date: _____/ _____/ _____

Card No.: _____ Exp. Date: _____/_____

CVV2: _____ *(Last 3 digits on the back of the credit card.)*

Cardholder's Name: _____
(PLEASE PRINT NAME)

Cardholder's ID No.: _____ Exp. Date: _____/_____/_____
(DRIVER'S LICENSE NO.)   (MM / DD / YY)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Amount Charged: _____ Note: _____

By signing below, I authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip and that the slip will act as my record of transaction.

Cardholder's Signature: _____ Date: _____

Los Angeles Campus (Main)
3440 Wilshire Blvd. Ste 310 • Los Angeles, CA 90010
Tel: (213) 487-2211 • Fax: (213) 487-2299

City of Industry Campus (Branch)
17595 Almahurst St. Ste 101-3 • City of Industry, CA 91748
Tel: (626) 965-5566 • Fax: (626) 965-1166