
QUALITY TUTORING SERVICES

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND FAX

BACK TO 1-714-782-7875

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____ Exp: _____ 3-Digit Code: _____

Amount to Charge: \$ _____

I authorize Quality Tutoring Services to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Credit Cardholder-Print, Sign, and Date Below:

Signed: _____

Dated: _____

Name: _____