



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 AMERICAN EXPRESS DISCOVER CARD

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV SECURITY CODE # _____

CREDIT CARD BILLING ADDRESS

STREET: _____

CITY: _____ STATE: _____ POSTAL CODE/ZIP: _____

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

TELEPHONE: _____ EMAIL: _____

CARDHOLDER'S SIGNATURE: _____ DATE: _____

**NOTE: PLEASE CONTACT YOUR CREDIT CARD COMPANY IF THIS IS AN OVERSEAS PAYMENT OR UNUSUALLY HIGH AMOUNT IN ORDER TO PREVENT THE PAYMENT BEING BLOCKED BY YOUR BANK DUE TO FRAUD PREVENTION.*