



INSTRUCTIONAL TELEVISION

Credit Card Charge Authorization

I, _____, (card holder's name, exactly as it appears on your credit card) authorize Instructional Television to charge to my credit card, as authorized below.

FAX this form to Instructional Television (818)833-3598.

Student Name:	
Social Security/Student ID:	
Reason for Payment: *Student Telephone Enrollment System (STEP) can accept credit card payment for current & one prior semester of enrollment fees.	<ul style="list-style-type: none"> • Enrollment Fees/ Semester & Year: _____ • NSF (Returned) Check: _____ • Other (please specify): _____
Total Payment Amount Authorized:	
Credit Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Complete Credit Card Account No.:	
Expiration Date (Month/Year):	
Card Holder's Name:	
Billing Address	
City/State/Zip Code:	
Telephone:	
Signature	
Date:	

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