



# Florida College of Integrative Medicine

7100 Lake Ellenor Drive

Orlando, FL 32809

Telephone: 407-888-8689 • Fax: 407-888-8211

## Credit Card Authorization

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Class #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Card #: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Signature: \_\_\_\_\_

For: \_\_\_\_\_