



2911 San Fernando Rd
Los Angeles, CA 90065
(323)344-4330

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD #: _____

CARD TYPE: VISA: _____ MASTER CARD: _____

EXPIRATION DATE: _____ VALID SECURITY CODE #: _____

CARD HOLDERS NAME: _____

BULLING STREET ADDRESS: _____

BILLING CITY _____ ZIP CODE: _____

DESCRIPTION OF ITEMS:

____ Tuition TOTAL \$ _____

____ Registration TOTAL \$ _____

____ Application Fee: TOTAL \$ _____

____ ASK: TOTAL \$ _____

CREDIT CARD COMPANY CHARGES ADDITIONAL 3%: \$ _____

TOTAL AMOUNT TO CHARGE:\$ _____

I authorize Ribét Academy to charge my credit card as indicated above.

NAME: _____
(Please Print)

SIGNATURE: _____ DATE: _____

RETURN FORM TO: mtanaka@ribetacademy.com
(Finance Director)