

Authorization for Credit Card Used for PayPal Payment

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

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

Credit Card Number: **XXXX-XXXX-XXXX-**_____

Expiration Date: _____

Amount to Charge: \$_____ (USD)

This is to confirm that I made a payment **via PayPal** to **New Age Training** using above credit card for the amount listed above **for the following person:**

I agree to pay the amount for the person identified above in accordance with the issuing bank cardholder agreement and I confirm that this payment was completed by me via PayPal and is authorized by me.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

New Age Training
145 W 30th Street 2nd Floor, RM#203
Financial Aid/Bursar Department
New York, NY 10001