



# CREDIT CARD AUTHORIZATION

California College of Communications  
1265 El Camino Real #250 Santa Clara, CA 95050  
Phone: (408) 374-5066  
[info@calcc.edu](mailto:info@calcc.edu)   [www.calcc.edu](http://www.calcc.edu)

Cardholder Name:	
Billing Address:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx
Credit Card Number:	
Expiration Date:	
Card Identification Number (last 3 digits located on the back of the credit card):	
Please charge my Credit Card for:	<input type="checkbox"/> \$200 Application Fee (non-refundable) <input type="checkbox"/> \$200 SEVIS Fee (non-refundable paid to USCIS) <input type="checkbox"/> \$100 Transfer Application Fee (non-refundable) <input type="checkbox"/> \$90 Express Mail (non-refundable) <input type="checkbox"/> \$895 – Tuition /1 <sup>st</sup> month <input type="checkbox"/> \$100 for each Dependent (non-refundable)
Amount to Charge:	\$ _____ (USD) + \$15 = Total \$ _____

Any payment by credit card will be charged a \$15 fee (non-refundable).

I authorize California College of Communications to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date below:

Signed:	
Dated:	
Name:	