



Credit Card Authorization Form

Credit Card Billing Information:	
Cardholder Full Name:	
Credit Card Type: Select One:	<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Credit Card Number:	
CVC (3 digits on back of card):	
Expiration Date:	
Billing Address:	
Phone Number:	
Email Address:	
Donation Purpose: (please specify)	<input type="checkbox"/> In Memory of : _____ <input type="checkbox"/> Other Restricted Purpose: _____
Payment Information	
Payment Amount:	Onetime payment in the amount of \$
Cardholder agrees that all information is accurate and complete and Lifelong Learning Administration Corporation, a 501(c)3 Non-profit organization, reserves the right to request the front and back copy of this card and/or driver's license should further verification and authenticity of the cardholder be required. Disputes or changes to this card can be emailed to amayoral@llac.org	

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize Lifelong Learning Administration Corp. a 501(c)3 Non-Profit Organization, to charge my indicated credit card, without an imprint for the selection referenced above. Payments received for the sale above by the stated credit card constitutes acceptance of the service charges. This card may be charged in the event of unpaid fees.

All information entered on this form will be kept strictly confidential by Lifelong Learning Administration Corp.

CARDHOLDER'S SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____

*Wet signature required

*For electronic payment, please visit www.LLAC.org

Please contact Rose Hansen with any questions at: rhansen@llac.org or 661.483.7885