

EARLY IMPRESSIONS

25000 West Ten Mile Road
Southfield, MI 48033



CREDIT CARD AUTHORIZATION FORM

Card Type: Visa  MasterCard  Discover  American Express 

Card Number:

Expiration Date: Month: _____ Year: _____

Card Holder's Name: _____

(Exactly as it appears on credit card)

Security Code: _____ *(3-digit number on back of credit card)*

Billing Address: _____

(Where you receive your credit card statement)

City: _____ State: _____ Zip: _____

Card Holder's Phone Number: _____

Student(s) Name(s): _____

Student's Fees:

_____ Charge Monthly

_____ Charge Bi-Weekly

Amount to be charged: \$ _____

I affirm that I am legally authorized to use the credit card account specified above. I agree to have tuition funds processed on the dates as stated in the Early Impressions [Tuition Policy](#). I understand that I will not be called or contacted before payment is processed and that I am responsible for any and all communications regarding changes to my tuition payment.

Signature of Card Holder _____ Date _____