

Modeling A2Z™



Payment Authorization form

Name of Student: _____

Name of Class/Party or Program: _____

Type of Credit Card: _____

Visa, MasterCard, Discover, Debit

Name of Credit Card Holder: _____

Primary Phone Number: _____ Email: _____

Address of Card Holder: _____

Credit Card Number: _____

Expiration Date: _____

Three or Four Digit Code: _____

I authorize Modeling A2Z to make an initial charge to my credit card for the following amount \$ _____

I authorize Modeling A2Z to make a balance charge to my credit card for the following amount \$ _____ on _____
Date

Signature of Card Holder: _____ Date: _____

Email to: registration@modelinga2z.com