



8770 Trade Street, Leland, NC 28451
(910) 457-6600 Tel. / (910) 457-0094 Fax / (800) 438-7884 Toll-Free

Please save this form to your device before sending.

Tuition Payment Credit Card Authorization

Student Name(s): _____

Course Name: _____

Date of Course: _____

Type of Card: VISA MASTERCARD AMEX DISCOVER

Card Number: _____ **Exp. Date:** _____

Amount: \$ _____ **CVV:** _____

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

By signing this form, I hereby authorize Tri-Tech Forensics, Inc., to charge the above listed credit card for tuition as indicated above.

Signature: _____