



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

### **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:** \_\_\_\_\_