



CORAL ACADEMY OF SCIENCE LAS VEGAS
Credit Card Authorization Form
(For enrollment packets that are faxed/emailed/mailed ONLY)

1. I understand that CASLV will shred this form after use, during registration.

I, _____, hereby authorize Coral Academy of Science Las Vegas, to charge my credit/debit card for the below charges. **(Check one or more)**

Book Deposit
Per Enrollment - \$50

Student's Name(s): _____ Grade: _____

Parent's Email: _____

Type of Card: (Check one) Card Issuer: (Check one)
 Credit Debit Visa MasterCard Discover

Bank Name on Card: _____

Card Number: _____ / _____ / _____

Exp. Date: ____ / ____ CIV: _____ (3or 4-digit code located on back of card)

Card Holder Name: _____

I agree to pay the total amount according to the card issuer agreement.

X _____ Date: _____