

East Coast Edu

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Credit Card Authorization

Visa MasterCard American Express

Cardholder Name		
Credit Card Number		
Expiration Date	(mm/yy)	CDC Code (3 digit code on back)
Billing Address		
Phone Number		
Email Address		
Programs Paying For		

Lexington Appraisals dba **East Coast Edu will charge the following amount to the credit card number listed above: \$ _____ fee + \$ _____ (3% processing fee) = \$ _____ total charge**

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay and specifically authorize Lexington Appraisals dba East Coast Edu to charge my credit card, for the above listed programs. I further agree that in the event my credit card becomes invalid, I will provide Lexington Appraisals dba East Coast Edu with a new valid credit card to be charged for the payment of any outstanding balances owed to Lexington Appraisals dba East Coast Edu. I understand that I cannot receive a refund for the programs listed above if I drop out of the programs or am discharged. If I drop out of the course for any reason before the program deadline, there will be a 4% credit card service charge deducted from my returned funds.

Signature
Printed Name
Date

FRONT Place Credit Card Copy Here

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Office Use Only

Processed by	Authorization #	Transaction #
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