

Credit Card Authorization



I give my permission for The University of Esthetics and Research, Inc. to keep on file my credit card information. I understand and agree that charges will only be incurred to this account in the event I default on my contract agreement for payment or give my permission to use this card for the purpose of payments agreed upon.

Enrollment Date: _____

Card Type: ☐ Master Card ☐ Visa ☐ American Express

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code of Billing Address: _____

Student Name (Print): _____

Student Signature: _____ Date: _____

University Staff Name (Print): _____

University Staff Signature: _____ Date: _____