

PCJLS

(form1)

Automatic Credit Card Billing Authorization Form

(Credit Card でのお支払にご同意頂ける方はご提出ください)

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic authorization at anytime by contacting us.

Client Information

Student Name (First /Last)

Class Name

1. _____
2. _____
3. _____

Payment Information

I authorize PCJLS to automatically bill the card listed below as specified:

Amount: Prescribed Monthly Tuition plus material fee, if any.

Start billing on: _____

Credit Card Information

1. Card Type(Visa/Master/Amex/Discover/JCB) Visa/Master recommended
2. Credit Card number:
3. Expires: (MM/YY)
4. CVV: (3 or 4 digits security code)
5. Cardholder's Name
6. Zip code
7. E-mail address for receipt _____ @
8. Cardholder's Signature and Date

Please send to:

PCJLS ACC Dept.
14 Moore Street, Princeton
NJ 08542