



CLASSIC
COOKING

CREDIT CARD AUTHORIZATION FORM
12-Week Pastry Series

Date: _____

I, _____, authorize Classic Cooking Academy to charge my credit card for services rendered.

☐ LUMP SUM ☐ PAYMENT PLAN

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card CV2 Number: _____

Billing Address: _____

Billing Zip Code: _____

Name on Card: _____

Signature

SEND TO:

Classic Cooking Academy
10411 East McDowell Mountain Ranch Road
Scottsdale, AZ 85255
Email: info@ccacademy.edu
Fax: 480-502-0178

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
