



CREDIT CARD AUTHORIZATION FORM  
24-Week Practical 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:**

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