



FIRAT EDUCATIONAL SOLUTIONS

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### CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize my **credit card** to be on file with Firat Educational Solutions (FES) and billed automatically in advance for services rendered by FES and so authorize said billing as well as additional usage and/or cancellation charges as they occur. I understand that if FES is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results. This **authorization** will continue until revoked in writing.

*Please complete all the following information. Your account cannot be processed if incomplete.*

**Type of Credit Card (circle one):**

**Visa            MasterCard            Discover            American Express**

**Please fill out the following information as it appears on your credit card:**

**Name of credit card holder:** \_\_\_\_\_

**Credit card number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

**CV Code:** \_\_\_\_\_  
*(Refers to the three digit code on the back of your card, followed by your card number)  
(For American Express, this is the four letter code on the front of your card, followed by your card number.)*

**Please fill out the following information as it appears on your credit card statement:**

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_            **State:** \_\_\_\_\_            **Zip:** \_\_\_\_\_

*By signing this authorization, I acknowledge that I have read and agreed to all the terms above. All information given is complete and accurate.*

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_