

CONFIDENTIAL

SHEFFIELD SCHOOL OF AERONAUTICS

I authorize _____ to charge my credit card for all applicable charges to attend the School and to take the agreed Aircraft Dispatcher Course. I understand certain terms and conditions apply in the event of refund. I agree with the following and understand I will be responsible for cost of said course(s):

1. I certify that I am at least 21 years of age, and that the statements I have made in the Application for Admission are true to the best of my knowledge.
2. I have received and read the School Catalog or read the online School Catalog, including the Terms & Conditions related to enrollment and attendance, as well as the Refund Policy.
3. Credit card payments are in U.S. dollars.

Type of Card: _____ VISA or Master Card or Discover (*circle one*)

Name of Issuing Bank: _____

Credit Card Number: _____

Expiration Date: ____ / ____

Card Security Code: ____



What is the Card Security Code?

Card Security Code is a new authentication scheme established by credit card companies to further efforts towards reducing fraud for Internet transactions.

Visa, Master, Discover Cards

This number is printed on your cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card).

If name on card differs from student, then please submit a current photo identification with this form.

Name of Card Holder: _____

Billing Address _____
(street, city, state/country and zip-postal code)

Amount to be charged in U.S. Dollars: \$____, ____ .00

Signature: _____ **Date:** _____

Name of Student (Print): _____ **Class starting date:** _____

Phone number & Email where you can be reached: _____

Fax to: Sheffield School of Aeronautics (954) 584-8980

Attn: Admissions - 499 N.W. 70th Ave. Ft. Lauderdale, FL 33317-7572 Tel. (954) 581-6022