



215 W 20th St STE 2W
New York, NY 10011
(646) 522-0857



Credit Card Authorization Form

I hereby authorize **Luu Tutoring** to charge the credit/debit card below.

Name of Student:

Name on Card:

FIRST NAME (PLEASE PRINT)

LAST NAME

Credit card #:

CVC (3 digit code; 4 digits Am Ex)

Card Type: Visa / MC / AmEx / Discover

Exp. date:

MONTH

YEAR

Cardholder
signature: X

.....

Date:

.....