



*The* LEE STRASBERG  
THEATRE & FILM INSTITUTE  
www.strasberg.com

## Credit Card Authorization Form

Name of Student:

Name of Guarantor (IF CARDHOLDER IS NOT THE STRASBERG APPLICANT):

I,  hereby authorize The Lee Strasberg Theatre and Film

Institute to charge my credit card in the amount of US\$

Visa

Master Card

Discover Card

American Express

Credit Card Number:  Expiration Date:

CVV Security Code:

### Credit Card Billing Address

Street Address:

City:  State:  Postal Code:

Region (IF NOT IN US):  Country:

Telephone:  E-mail:

Cardholder's Signature:  Date:

**Written signature required (in ink)**