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## CREDIT CARD PAYMENT FORM

### CREDIT CARD INFORMATION

Student's Name:

Cardholder's Name:

Credit Card Type:     Visa     Master Card     American Express     Discover

Credit Card Number:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Card Security Code:          Last 3 Numbers on the BACK of the card

Expiration Date:    Month \_\_\_\_\_ Year \_\_\_\_\_

I authorize LASC to charge (amount in U.S. dollars): \$ \_\_\_\_\_

### CREDIT CARD BILLING ADDRESS

Street Address:

City:

State:

Zip/Postal Code:

Country:

Phone Number:

Fax Number:

Signature:

**\*\* For the convenience of using this service, you will be charged a fee of 2.5% of the amount paid.**

Date: