



CREDIT CARD AUTHORIZATION FORM

I _____, hereby authorize Prime Educational Services, Inc., a member of The Prime Family of Companies to process the following credit card in the amount below for any family, education, and career services performed by the associates of Prime Educational Services, Inc or 1Life:Career/College Academic Empowerment; including workshops and/or telecast services on behalf of Prime Educational Services, Inc.

Please fax to: 770-471-9390 (To ensure confidentiality do not email)

Please charge my:  VISA  MasterCard  American Express

This card is a: Personal Business Corporate

Card Number:

Expiration Date: / (Month/Year)

Card Certification Code: 3 digit code for MasterCard/VISA
4 digit code for American Express

Name on card: _____

Address that credit card billing statements are sent to

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Print Name: _____