



CREDIT CARD AUTHORIZATION FORM

Please fax to (866) 540-6745 or mail to 72 Camp Ave, Stamford CT. 06907

Date: _____

I, _____, hereby authorize Hoffman Educational Group, LLC.
to charge my credit card for tutoring sessions.

Name on credit card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please circle:

VISA MASTERCARD AMERICAN EXPRESS

Credit or Debit?: _____

ACCOUNT NUMBER: _____

Expiration Date: _____

Cardholder's Signature: _____

I understand that if my credit card is declined for any reason, I will be responsible for full payment by cashier's check only made payable to Hoffman Educational Group LLC. Payment must be made within three (3) days of the date I was notified that my credit card has been declined.