



SAIFD Registration Credit Card Authorization Form

Student Name: _____ School: _____

School Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Credit Card Information:

VISA

MC

DISCOVER

AMEX

Card Number: _____ EXP: _____ CVV: _____

Card Holder's Name: _____

Card Holder's Billing Address:

Amount: _____

Signature: _____ Date: _____