



TOURO COLLEGE

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DATE: _____

STUDENTS NAME: _____

STUDENT ID#: _____

I, _____, hereby give Touro College
permission to charge the amount of \$ _____ on the
following credit card:

____ Visa ____ Mastercard

Account Number: _____

Expiration Date: _____

Verification Code _____ (last 3 digits located on back of card)

Coldholder Name

Cardholder Signature