



1607 16<sup>th</sup> Street • Suite 100 • Santa Monica, CA 90404

**Credit Card Authorization Form**

Card:            Visa \_\_\_\_\_            MasterCard \_\_\_\_\_            Amex \_\_\_\_\_

Card Number: \_\_\_\_\_

Verification Number: \_\_\_\_\_  
*(last 3 or 4 digits from the back of the credit card)*

Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*(as it appears on the credit card)*

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I authorize Launch Education Group Inc to charge my credit card biweekly for services rendered.

Authorized Signature: \_\_\_\_\_

**PLEASE MAIL OR FAX TO:**

**Launch Education Group**  
1607 16<sup>th</sup> Street, Suite 100  
Santa Monica, CA 90404

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