



The LEE STRASBERG
THEATRE & FILM INSTITUTE
www.strasberg.com

Credit Card Authorization Form

Name of Student:

Name of Guarantor (IF CARDHOLDER IS NOT THE STRASBERG APPLICANT):

I, hereby authorize The Lee Strasberg Theatre and Film

Institute to charge my credit card in the amount of US\$

Visa

Master Card

Discover Card

American Express

Credit Card Number: Expiration Date:

CVV Security Code:

Credit Card Billing Address

Street Address:

City: State: Postal Code:

Region (IF NOT IN US): Country:

Telephone: E-mail:

Cardholder's Signature: Date:

Written signature required (in ink)