



BFA TUITION PAYMENT FORM

Student's Name _____ Student ID _____

PAYMENT INFORMATION

CASH **CHECK#** _____ **CREDIT CARD (MC / V / AMEX / DISC)**

CREDIT CARD #	EXP DATE	CCV#
CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE	
BILLING ADDRESS	CITY	STATE
		ZIP

I authorize the Southwest School of Art to charge my credit card in the amount of: _____

I certify that all of the above information is true and complete to the best of my knowledge.

Signature: _____

Date: _____