



CREDIT/DEBIT CARD AUTHORIZATION

Revision: May 2022

CENTER: Downey Southern and Northern California Counties

APPLICANT INFORMATION

NAME: _____ STUDENT ID #: _____

ADDRESS: _____

CELLPHONE: _____ EMAIL _____

ADDRESS: _____

CARD INFORMATION

DEBIT CREDIT
 VISA MASTERCARD OTHER _____

CARD NUMBER: _____ EXPIRATION DATE: ____/____ 3 DIGIT CVV: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS (if different from above): _____

AUTHORIZED CHARGE INFORMATION

TUITION COST:\$ _____ DATE: _____ DEPOSIT AMOUNT:\$ _____

I HEREBY AUTHORIZE COSMETICA LATINA EDU. INC TO CHARGE MY CARD FOR THE TOTAL AMOUNT OF \$ _____ MAKING EACH CHARGE ON THE DAY OF THE MONTH I SELECT HERE: 15 30 (28 OR 29 ON FEBRUARY) ACCORDING TO THE FOLLOWING TABLE:

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
1)		5)		9)	
2)		6)		10)	
3)		7)		11)	
4)		8)		12)	

Please be advised that you must understand the following; **(Initial each line below after reading.)**

_____ I authorize Cosmetica Latina EDU INC to charge my Credit/Debit card for the amount agreed on the contract with the card provided.

_____ I authorize Cosmetica Latina EDU INC to process partial payments until the full amount is paid off in its entirety.

_____ I authorize Cosmetica Latina EDU INC to process my payment another day of the month if the amount agreed in the contract declines.

_____ I authorize Cosmetica Latina EDU INC to contact me via phone, email, voicemail, and SMS regarding payments, balances, or any additional information towards my status.

_____ I understand that the "39 Hour Pre-Apprentice" and "Apprenticeship" programs are two separate individual programs and it is my responsibility to comply.

_____ I understand that the payment agreement 39 Hour Pre-Apprentice does not depend on the status of the application process for the Apprentice License. If I do not comply with my payments I will have the following consequences:

1. The application process will be delayed.
2. If the Apprentice license has already been issued, it can be affected.
3. The outstanding balance will be submitted to a Collections Agency.
4. If your Credit/Debit card is rejected for insufficient funds or if you decide to change the scheduled date, there will be a charge of \$25.00 for the delay.

Note: The student is responsible for notifying Cosmetica Latina EDU INC with sufficient time if the archived Credit/Debit card has been changed or needs to be updated. (A minimum of 3 business days before.)

STUDENT SIGNATURE: _____

DATE OF AUTHORIZATION: _____

AUTHORIZED CARDHOLDER SIGNATURE (If Applies): _____

DATE OF AUTHORIZATION: _____