



Credit Card Authorization Form

INSTRUCTIONS:

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to NYADI via fax or mail with copy of ID and back/front of card

SUBMIT TO: New York Automotive and Diesel Institute
 178-18 Liberty Avenue
 Jamaica, NY 11433

**Required Fields*

Fax: (718) 658-4044
ATTN: Bursar Department

*Date _____

*In reference to _____
(Student's Name/ID)

*Cardholder Name: _____

*Credit Card: Visa _____ MasterCard _____ American Express _____

*Card Number: _____ CVV Code _____

*Expiration Date: _____

*Address: _____

*Phone Number: _____

I authorize NYADI to charge my credit card in the amount of \$ _____

Comments/Reason for Charge:

*Printed Name: _____

*Signature: _____