



Credit Card Authorization Form

- NP School of the Theatre, Adult Conservatory Program
 NP Junior School | Meisner Teens

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www.neighborhoodplayhouse.org

Date: _____
MM/DD/YYYY

STUDENT NAME _____

NAME OF CARDHOLDER _____
(PLEASE WRITE AS IT APPEARS ON CREDIT CARD)

I, _____ hereby authorize **The Neighborhood Playhouse School of the Theatre** to charge my credit card in the amount of **US\$** _____ and the additional 2.1% transaction fee.

Check one: Visa Master Card Discover Card

CREDIT CARD NUMBER _____

EXP. DATE _____ CC SECURITY CODE: _____

CREDIT CARD BILLING INFORMATION

BILLING ADDRESS _____

CITY/TOWN _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

REGION _____ COUNTRY _____
(IF not in the U.S.)

TELEPHONE _____ EMAIL _____

CARDHOLDER'S SIGNATURE _____ DATE _____

Written signature required (in ink).

FOR NP OFFICE USE ONLY (DO NOT WRITE IN THIS AREA):

Payment Amount US\$ _____ x 2.1% transaction fee = Total Charge Amount US\$ _____

Program/Item: _____ Date of Charge: ____/____/____