



Sheridan Technical College
Main Campus
5400 Sheridan Street
Hollywood, FL 33021
754-321-5400

Sheridan Technical College
West Campus
20251 Stirling Road
Pembroke Pines, FL 33332
754-321-3900

Credit Card Authorization

Please complete the information below (print clearly and legibly).

Student Name: _____ Student ID#: _____

Course: _____ Section#: _____

Student Phone Number: (_____) _____ - _____

Cardholder Information

Cardholder Name: _____

Phone Number: (_____) _____ - _____

Visa/MasterCard: XXXX-XXXX-XXXX-____ ____ ____ (Please fill in complete card number below)

Card Identification#: _____ (Last 3 digits on the back of the credit card)

Expiration Date: _____ Billing Zip Code _____ Authorized Amount: \$ _____

I authorize Sheridan Technical College to charge the amount listed above to the credit card provided herein.

Signature: _____ Date: _____

To process this payment also provide a clear copy of the cardholder's valid id.

Forms can be faxed to (754) 321-5485 or provided at registration.

To be destroyed after payment is processed

Credit Card Number: _____ - _____ - _____