

**CLASSROOM LOCATION:**  
558 East St.  
(Next to Enterprise-Rent-A-Car)  
Pittsfield, MA 01201  
413-448-2502 Ext. 3



**MAILING ADDRESS:**  
P.O. Box 432  
Adams, MA 01220

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Bishop West School of Real Estate to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Bishop West School of Real Estate to  
(print full name)

charge my credit card account indicated below for **\$429.00** on or after \_\_\_\_\_ .  
(date)

This payment is for the  Massachusetts Real Estate Pre-License Course

Massachusetts Broker License Course

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
Security Code _____ (3 or 4 digits)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.