

school of the museum of fine arts, boston

VISITING STUDENT PROGRAM

Credit Card Authorization Form

Please print clearly

Applicant's Name: _____

Last (surname)

First

Middle Initial

Cardholder's Information:

(as it appears on the credit card)

Last (surname)

First

Middle Initial

Street Address

Street Address

City/State/Province

Country

Daytime Phone

Master Card / Visa (circle one)

Card Number: _____ - _____ - _____ - _____ Expiration Date (xx/xx): ____ / ____ 3-digit security number*: _____

**This is the 3-digit number found on the back of the credit card on the signature strip*

Important Note: all of the above fields are required; incomplete forms will not be processed.

I hereby authorize the School of the Museum of Fine Arts to charge the above account for the amount of \$50 for payment of the application fee to the SMFA Visiting Student Program.

Cardholder Signature: _____

For office use only:

Submitted for payment on: ____ / ____ / ____ Submitted by: _____ Approved / Declined