Westcott Courses, INC. Credit Card Charge Authorization

Course name: Calculus I		
Student name: Shaun Lewis (lewis	s98)	
Date & time of charge: 12/31/2017 Amount: \$167.95	3:14 pm	
Please have the cardholder sign th	nis receipt to confirm that they auth	norize the charge.
Card Holder Name: SHAUN, LEWIS		
First, Last		
Billing Address: (please hand w	rite the address)	
Address 1	LUM SCIENTIA	E
Address 2		
City, State, Zip		
Credit Card Confirmation: Card Number: XXXX-XXXX-XXXX	-9451 Expiration date: 08/21	
Upon signature, i am fully authorizing a cknowledge this will show on my liguarantee and warrant that I am the authorized to make charges on this	y card statement from Westcott Co	ourses, INC
I understand the student I'm purcha I return the form for this transaction enrolling in the course, and that aft	n. I also understand that the refur	nd period is 7 days from
Handwritten Signature	Printed name	Date

Return this form by either:

- 1) Uploading a photo or scanned PDF of this signed form to the 'My Account' page.
- 2) Emailing it to support@westcottcourses.com
- 3) Faxing it to 805-345-2065.