



MyCoolDrivingSchool.com

PHONE # 888-405-7558 FAX # 888-449-3040
support@CDLInstructor.com

Credit Card / Debit Card Authorization Agreement

STUDENT'S NAME _____

Date _____ Time _____

I AUTHORIZE this driving school to make this valid charge on my credit/debit card now.

I personally gave this Driving School all my information.

My credit/debit card # is xxxx-xxxx-xxxx _____

This is for my Driver's Ed and or Driver's Training services.

I understand this Driving School has no refund policy.

I understand any charge backs will be reimbursed at once by me.

I understand this Driving School will complete all services.

Print name _____

Signed **x.** _____