



Credit Card Authorization Form

Parent Name/s: _____

Student/s Name/s: _____

Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

NOTE: We will be passing on the 3.5% bank fee/s associated with making charges to your credit card.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	CVS #s _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date