Credit Card Authorization Form

Name of individual authorizing credit card payment*

Email Address (where to email receipt)

Billing Address

School/Business _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Credit Card Information

Credit Card/Debit Card # _____

Expiration Date _____

Security Code _____

*Convenience fee of 3% will be added to your credit card purchase total