



CREDIT CARD AUTHORIZATION FORM

We do not accept AMERICAN EXPRESS

Student Name: _____

Name as it appears on Credit Card : _____

WE DO NOT ACCEPT AMERICAN EXPRESS

Amount Authorized to Charge: _____ (*ADD 2% Admin Fee to your total for all CC charges*)

Credit Card Billing Address: _____

City, State, Zip: _____

CREDIT CARD NUMBER: _____ EXP DATE _____ CV CODE: _____

By signing below I authorize Turtle River Montessori to process payment as indicated above.

Credit Card Holders Signature: _____

Date of Signature : _____

FOR INTERNAL USE:

Date Processed : _____ BY: _____