



Countryside Philosophy

"To lead, serve and guide the children of our community"

GENERIC CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____
Billing Street Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ Email: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa
 American Express Other (write)

Card Number: _____
Exp. Month: _____ Exp. Year: _____

By signing this document, I authorize Countryside Early Learning Center to charge my credit card for the specified amount. I also understand that a copy of my driver's license must be provided.

Name: _____
Amount charged (\$): _____
Credit Card Last Four Digits: _____

Signature: _____
Date: _____