

CREDIT CARD AUTHORIZATION FORM
2025-2026

Card Holder Name (Print): _____

Card Number: _____

Expiration Date: ____/____/____

CODE ON BACK OF CARD: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: _____ Charge

Authorized Amount: \$ _____ Card

Holder Signature: _____

I, _____, hereby

authorize _____, to charge the card listed

above in the amount of \$ _____ + 3% processing
fee.

Signature: _____

Date: _____