



Credit Card Agreement

Date: _____

Student Name: _____ **Student Grade:** _____

Name on Credit Card: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Card Information: *(Visa, Master Card, or Discover accepted)*

Card Type: _____

Card Number: _____ Expiration Date: _____

Amount Charged: \$ _____ Check for monthly payments:

Payment Notes: _____

Signature _____ Date: _____

Office Use Only

Payment for _____

Date Credit Card Posted _____