



CREDIT CARD AUTHORIZATION

I authorize* Pine Village Preschool, Inc. to charge the credit card listed below for tuition for _____ (Child's Name and School).

TYPE OF CARD (PLEASE CHECK ONE):

_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Name: (exactly as it appears on the card): _____

Credit Card Number: _____

Expiration Date: _____

Security Code: (3 or 4 digit code) _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Email address: _____

Signature: _____

Print Name: _____

***Please note: This form grants Pine Village permission to charge your credit card for all future invoices until you request cancellation in writing.**

Please return credit card form to:
Pine Village Preschool, Inc.
P.O. Box 35347
Brighton, MA 02135
or
pvpchristine@yahoo.com

For Office Use Only:

Received Via: _____

Date Received: _____

4/14/15cf