



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY HAND DELIVERY, FAX: (303) 776-7602 OR BY REGULAR MAIL.

CHILD'S NAME: _____

Cardholder Name: _____ (as it appears on card)

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Expiration Date: _____ / _____

Credit Card Number: _____ - _____ - _____ - _____



Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Check one of the following:

Please pay my child's school tuition at the end of each month:

Amount Charged: the total amount invoiced for the month (USD)

Please pay my child's school tuition at the end of each month:

Amount Charged: \$ _____ (USD)

Please pay my child's school tuition per an e-mail or phone call authorization monthly:

Amount Charged: the total amount invoiced or other wise noted by you (USD)

Signature: _____ Date: _____

(your credit card number will be entered into our QuickBooks system and unable to view in full after that – it will also be blacked out of this authorization form)