



Credit Card Authorization Form

Student Name: _____

Relationship to student: _____ (parent, agent, relative)

Item(s) Purchased: _____

Amount to be charged: _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ U.S Zip Code or 5 digit Bank Code: _____

Country: _____ Email _____

Direct Telephone: (____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Cardholder Name: _____

Cardholder Signature X _____ Date ___/___/___

**By signing this form, you authorize High Bluff Academy
to charge your card for the amount listed above.**