Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Student Name _____

Item(s) Purchased Distance Education
Grades 9-12

Amount to be Charged _____

Recurring Billing YES NO (Please circle one choice.)

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

Signed: _____ Date: _____