

## 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 K-8

Amount to be Charged \_\_\_\_\_

Recurring Billing YES NO (Please circle one choice.)

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_