

Credit Card Authorization Form

Please note that a 3% service fee will be charged for credit card payments.

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	
Order/Invoice Number	Online Spring Auction Item
Item(s) Purchased	
Amount to be Charged	+ 3% service charge = \$
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By signing this form, you authorize Clear Sky Elementary PTO to charge your card for the amount listed above.

Date:



