

Credit Card Authorization

I (we) hereby authorize The Crayon Box Children's Learning Center to initiate recurring credit card charges to the below referenced credit card account(s).

- Visa
- Mastercard
- Discover Card
- American Express

Cardholder Name _____ Phone _____

Cardholder Address _____

Primary Account Number _____

Expiration Date ____/____

Security Code _____

Secondary Account Number _____

Expiration Date ____/____

Security Code _____

Cardholder Signature _____ Date _____