

## 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 Card Number** \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

**Secondary Card Number** \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_