



Credit Card Information Release Form

I, the undersigned, authorize Fields of Green Montessori School to charge my credit card account for services rendered. With this signature, I fully recognize and agree to the payment terms of this order.

Amount to be charged: _____ in U.S. Dollars

Credit Card Type: Visa Master Card Discover

Payment type: One time Recurring

This is payment in reference to FOG Montessori School Invoice dated: _____

NOTE: Charges on credit card will appear as "Fields of Green Montessori School"

** Account Number _____

**Card ID number (3 or 4 digits) _____ ** Exp. Date: _____

**Name as it appears on card: _____

**Credit Card Billing Address: _____

**Signature of Cardholder: _____

**Cardholder Phone Number: _____

**Cardholder E-Mail: _____

Thank you

**Required Information