

Cougar Classic Credit Card Authorization Form

School Information
Name of School:
Adult responsible for payment:
Amount to be paid:
Phone number:
E-mail address:
Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):
I,
Customer Signature Date