

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All Information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize __Ss. Constantine & Helen School__ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please sign and date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

**Ss. Constantine and Helen School
2747 Riva Road
Annapolis, MD 21401**

Fax: 410-573-2076 (att: Marie Schablein)