

Credit Card Authorization Form

Student Name:		_ Today's Date:	
Cost: \$			
Type of Credit Card: (circle one)	VISA	DISCOVER	
AMER	ICAN EXPRESS	MASTERCARD	
Name Printed on Credit Card:			
Credit Card #			
Expiration Date:			
CVV Number:			
	mation listed above		
Card Holder Signature		Date	
Card Holder Email:			

This form can be faxed to (850)487-7630 or

Emailed to ltcregistration@leonschools.net

If you have any additional questions please call (850)487-7555