



CREDIT CARD PAYMENT SELECTION

ACADEMIC YEAR _____

CONTRACTUAL AGREEMENT WITH GLADEVIEW CHRISTIAN SCHOOL

I hereby authorize Gladeview Christian School to charge my monthly statement balance or the amount indicated below to my credit card account. I understand that my card will be charged on the first business day of each month for the indicated amount.

Please note:

Expiration date must be current in order for the transaction to be processed.

Please check one:

Credit Card:

- VISA Discover
- MasterCard American Express

V. CODE _____ (REVERSE SIDE OF CREDIT CARD-LAST THREE DIGITS)
(V. Code is required)

_____-_____-_____
Credit Card Account Number

Expiration Date ____/____

Name of Cardholder (Please print clearly)

Billing Address

City, State Zip Code (*Zip Code is required)

Telephone Number of Cardholder

**Signature of Credit Card Holder) / / /
Date**

Choose one: _____ Account balance \$_____ (specific amount)

If you have any questions before signing this form, please call the Finance Office at 305-551-6143 ext. 1016.