



# Credit Card Payment Form

To make a payment by credit card, provide the information below and mail/fax it in with the completed paperwork. If possible, please complete this form in the PDF and print once complete. If handwriting the information, please make sure everything is legible before sending.

School (if applicable): \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Mailing address for card owner:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address for card owner: \_\_\_\_\_



Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_



Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Reason for charge: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Mail or fax this form only.

404/527-8717

**Do not send it by email.**

