American School Credit Card Authorization Form

I, _____ hereby authorize American School to charge my credit card once for my down payment or payment in full in the amount of $

Note: High School Enrollments ☐ Check box if you prefer to make recurring billing payments using the credit card information below. The billing amount will be charged to your credit card on the 10th of every month until the balance is paid in full or you call to cancel.

Please check monthly payment amount: ☐ $100 ☐ $125 ☐ $150 ☐ OTHER $ _____

ENTER E-MAIL ADDRESS FOR RECURRING BILLING RECEIPT CONFIRMATION: _____

☐ VISA
☐ MASTERCARD
☐ DISCOVER
☐ AMERICAN EXPRESS

CARD NO.

Expiration Date:

VID Code on Back — Example xxxx (000)

Card Holder's Billing Address

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Requested Shipping Address

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above

Date _____ Signature _____