



# ST. JOHN'S SCHOOL

GUAM, USA

## CREDIT CARD AUTHORIZATION FORM (One-Time Charge)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Credit Card Information

Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC (3 digit #): \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

**(NOTE: Amount due will be automatically charged 3% credit card fee.)**

Charge date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize St. John's School to charge the above credit card for the stated amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date