



School Year 20__-20__

NAME ON CREDIT CARD: _____

CREDIT CARD TYPE: ___MC ___ VISA ___DISCOVER ___AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVV NUMBER: _____

BILLING ZIP CODE: _____

I give MCPS permission to charge my credit card on the following dates for a total of _____.

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

After my credit card has been charged in total, the upper portion will be shredded.

SIGNATURE _____ DATE _____

----- OFFICE USE ONLY -----

CUSTOMER # _____

INVOICE # _____