



Credit Card Authorization Form

Business Office

Student Information

Student Name _____ Grade Entering _____

Credit Card Information

Total Authorized Charge \$ _____

Name (as appears on card) _____

Card (circle one) American Express Visa Master Card Discover

Card # _____ Expiration Date _____

Authorization

I authorize these charges to the above account.

Print Name _____

Signature _____ Date _____

Phone _____

Please Return Form To:

Prestonwood Christian Academy
Attn: Business Office
6801 W. Park Blvd.
Plano, TX 75093

Office: 972-930-4021
Fax: 972-930-4019