



CREDIT CARD PROCESSING CONSENT FORM

Company: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax: _____

Payment Information

Visa

MasterCard

American Express

Discover

Total Amount Charged: \$ _____

Credit Card #: _____ Expires: _____

Name on Credit Card: _____

3 Digit Security Code: _____ Billing Zip Code: _____

Signature: _____

Request Receipt

Email: _____

For Office Use Only

Authorization #: _____

Charge to: _____

Ed Foundation

PHCC CA

PHCC GSA

Taken by: _____