



Credit/Debit Card Authorization Form

Credit Card Authorization Form

I, _____ wish to authorize A Child's Garden to charge for

Invoice/charge for: _____ to charge

\$ _____ (**plus 2% transaction fee**), from my credit card, to fulfill my obligations

to A Child's Garden for (child's name) _____

Date to charge card: _____

Name on card: _____

Billing Address: _____

Name/Phone#: _____

Name/Email to send receipt: _____

Credit Card #: _____

CCV: _____

Expiration Date: _____

Name _____ Signature _____ Date _____