



CREDIT CARD AUTHORIZATION FORM

COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type:

Please check one:



_____ Visa _____ Mastercard

_____ American Express _____ Discover

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Code _____

Amount to Charge: \$ _____ (USD)

Check this box for One-Time Payment

Check this box for a payment plan.

(A \$300 processing fee per student will be added to your first payment plan amount.)

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Mail or fax the completed and signed form to the following:

Fax: **248 341 5449**
Bloomfield Hills Schools
Attn: Accounts Receivable
7273 Wing Lake Road
Bloomfield Hills, MI 48301