



# CREDIT CARD FORM

Date Received \_\_\_\_\_

Blaine

St. Anthony

Client Name \_\_\_\_\_

Child Name \_\_\_\_\_

## 1 PAYMENT INFORMATION

### AMOUNT RECEIVED

\$

Please note there is a 3.5% non-cash adjustment on all card transactions.

Invoice # \_\_\_\_\_

Credit Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date Processed \_\_\_\_\_

CVC # \_\_\_\_\_

## 2 BILLING INFORMATION

Name on card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_



Please keep this card on file for monthly payments.

X

Signature of Cardholder



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