Credit Card Authorisation Form

	Student's Name:		Class:	
	Payment for:			
ISCOVER & ENDEAVOUR	Permission slip enclosed			
Name on Car	d:		Amount: \$	
Credit Card Number :		E	xpiration Date:	
CVV:_	Please fold and place in envelope provided		ace in envelope provided	
	We do not store credit card deta	ails and this form will be shredded once payr	ment has been processed.	
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