

# ONE-TIME USE CREDIT CARD AUTHORIZATION FORM

Magnuson Christian School • 4000 Linden Street • White Bear Lake, MN 55110



**MAGNUSON**  
CHRISTIAN SCHOOL

Please print clearly

Total amount to be charged: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ (exactly as it appears on the card)

Credit Card Billing Address: \_\_\_\_\_  
(Street address)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card (please check one): Visa  Discover  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

Signature Panel Code: \_\_\_\_\_  
(AMEX 4 Digit on front of card, DISC MC/VISA 3 Digit on back of card)



Card ID #



Card ID #

I authorize Magnuson Christian School to charge my credit card for the amount shown above.

Cardholder signature: \_\_\_\_\_

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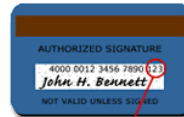
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