

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: _____

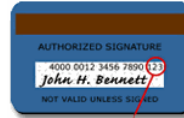
Credit Card (please check one): Visa Discover MasterCard American Express

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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