CREDIT CARD AUTHORIZATION CONTRACT

High Desert Montessori

2590 Orovada St.
Reno, NV 89512

PH (775) 624-2800
FX (775) 624-2801

I authorize High Desert Montessori School to charge my (check one):

_____Master Card _____Visa _____Discover

For school related obligations, goods and/or services only.

Child's Name: _____

The card number

_____

Expiration Date: _____/_____/_____ Today's Date_____/_____/_____

Billing address for credit card account:

_____

_____

Telephone: (____) _____

Total amount to be charged to my credit card each month $_____

Between the dates of: Start: **July 1, 2016** to end **June 30, 2017**

Please note our cancellation policy:
To avoid a charge to your credit card, please cancel at least 24 hours prior to your invoice due date.

I understand that my signature on this contract along with a copy of both sides of the signed credit card and a copy of driver's license will serve as my authorized signature on the credit card slip.

_____
SIGNATURE OF CARD HOLDER

_____
Print name as it appears on card

If you have any questions, please call 624-2800 and ask to speak with Jillian Streeper
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Office Use- Date accepted____/____/____ Date active____/____/____
*   *
          Accepted by_____

www.hdmsreno.com