



## Credit Card Authorization

I, \_\_\_\_\_, authorize the Gresham Barlow Education Foundation to charge my credit card for authorized scrip purchases.

Type of Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Name (As Shown On Card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Student's Name(s): \_\_\_\_\_

Your Student's School(s): \_\_\_\_\_