

# CIS PTA After School Permaculture Program Credit Card Authorization Form

Please print out this form :

**CIS PTA**

3821 Singer Blvd NE, Albuquerque, NM 87109

**Email Address: (Tonia Padilla) [isacatmommy@gmail.com](mailto:isacatmommy@gmail.com)**

Child's/Childcare's Name (s) \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_\_ **One-Time Yearly Registration Fee (\$25/child/year):** Registration Fee Amount: \$ \_\_\_\_\_

\_\_\_\_\_ **Monthly Unlimited (\$200.00)**

**Type of Card (circle one):**



Cardholders Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code (3 or 4 digit number on back of card) \_\_\_\_\_

**BILLING ADDRESS (this address must match the credit card for billing address exactly):**

**STREET:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse side of the above indicated card. I hereby authorize CIS PTA to charge my indicated credit card, without an imprint.

I understand that CIS PTA still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required. Payments received for the sale above by the stated credit card constitutes acceptance of the sales indicated above. Failure to have this form, properly filled out and returned to CIS PTA will result in the spot being released. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with CIS PTA. No charge back will be made until disputed matters are also resolved with the salesperson that has undertaken the sale.

**Your completion of this authorization form help us to protect you, our valued customers from credit card fraud. All information entered on this form will be kept strictly confidential by CIS PTA.**

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_