



ST. AUGUSTINE PREPARATORY SCHOOL
CREDIT CARD AUTHORIZATION FORM

Student Name: _____ Grade: _____

Credit Card Number: _____

Expiration Date: _____

VCode: (3 digit number on signature line of card) _____

Amount: _____ Purpose: _____

Name as printed on card: _____

Address: _____

City, State & Zip: _____

Signature: _____ Date: _____

Home Phone #: _____ Parent Cell #: _____

Parent Email Address: _____

ACCEPTING VISA, MASTERCARD OR AMERICAN EXPRESS ONLY

BUSINESS OFFICE FAX: 856-697-2320