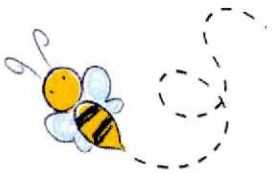
Thistle Bee Discovery



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Child Name:_____

Parent/Guardian Name:_____

Credit Card Information

MasterCard VISA Discover AMEX Other

Cardholder Name:_____

Card Number:_____

Expiration Date (mm/yy)_____

CVV:_____ Email Address:_____

Phone:_____

Billing address:_____

_____

Credit card billing:_____

I, _____, authorize Thistle Bee Discovery to charge my credit card above for the agree upon monthly amount. I understand that my information will be saved to file for future transactions on my account.

_____

Signature Date