POWERS CATHOLIC HIGH SCHOOL SCRIP CREDIT CARD CONSENT FORM

Please Print The Following Information:

First Name:		
Middle Name:		
Last Name:		
Address:		
City:	State:	Zip:
Daytime Phone:		
Evening Phone:		
Cell Phone:		
E-Mail Address:		
Card Type:	Visa	Mastercard
Card Number:		
3 Digit Pin Number On Ba	ack Of Card:	
Expiration Date:		
I authorize Powers Catholic my authorized SCRIP Purch use a different credit card I Consent Form and the exis	hases <u>. I understand tha</u> I will be required to fill	nt if I decide to out a new Credit Card
The issuer of the credit card Catholic High School for tr pay such Total (together wi in accordance with the agre	ansactions made agains th any other charges du	t this card. I promise to e thereon) subject to and
Signature:		
Date:		