



## **CREDIT CARD AUTHORIZATION FORM**

I hereby authorize A+ Tutoring Service, Inc. to charge the under-mentioned credit card for services provided by A+ Tutoring Service, Inc. I understand that I will receive a monthly statement detailing all charges.

**Student Name:** \_\_\_\_\_

**Credit Card Information:** • Visa • MasterCard • Discover

**Name on card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **CVV2#** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Credit Card Expiration Date: Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Amount Authorized: \$** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Return this completed form to A+ Test Prep and Tutoring**

**505 York Rd., Suite 6, Jenkintown, PA 19046**

**Fax: 215.886.0155**

**Email: [aplusadmin@aplustutoring.com](mailto:aplusadmin@aplustutoring.com)**

Please keep a copy for your records.

*Since 1992. The + in A+ is the personalized and customized attention given to each student.*