

SPECTRUM OF SCIENCE FOUNDATION

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Official use only

Date

CC approved

Transaction #

Staff

Credit Card Authorization Form

Request to accept credit card payment through facsimile transmission or mail authorization
For your protection, your signature is required to authorize the following credit card transaction.

(One transaction per authorization form only)



TO: SPECTRUM OF SCIENCE FOUNDATION

ATTENTION: AmyBeth Ogden

EMAIL TO: AmyBeth@spectrumofscience.com

DATE: _____

Child's Name:

School:

Phone # Home:

Cell

Emergency

After School Labs/Camps Registering for:

Amount Authorized: US \$ _____

Card Type: Visa MasterCard

Account Number: PLEASE **DO NOT** ENTER – We will call you for this information.

Expiration Date (As appears on card): _____

Cardholder Name: _____

(As appears on card)

Authorized Signature (sign): _____

My signature certifies that I am the cardholder on the following account. I request that **Spectrum of Science Foundation** charge this card as indicated below. I understand that a \$3 expediency fee will be charged.

Credit Card Statement Address:

**Please email this completed authorization form and registration form to
AmyBeth@spectrumofscience.com at to speed the processing of your payment & order.**

Thank you for choosing Spectrum of Science Foundation!

Shred below once Credit Card has been charged & approved!

Credit Card #

CV Code