



Education Service Center Region 19

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www.esc19.net

Credit Card Authorization (ADM-F003.4)

NAME ON CREDIT CARD			
TYPE OF CREDIT CARD	VISA	MASTER CARD	DISCOVER
TYPE OF ACCOUNT	PERSONAL		BUSINESS
COMPANY/CLIENT NAME			

AUTHORIZED TOTAL AMOUNT			
RECURRING CHARGE	\$ _____ every _____ day of each month to start on _____ (date).		
ACCOUNT NUMBER		CVV SECURITY CODE 3 or 4 digit	
EXPIRATION DATE			
BILLING ADDRESS			
CITY		STATE	
			ZIP CODE
EMAIL		PHONE	
			FAX NUMBER

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Total Amount" field. If additional charges are going to be authorized, a new form will have to be completed.

I have enclosed a copy of the front and back of the credit card (the back of the card must be signed), and a copy of my driver's license.

CARDHOLDER NAME			
SIGNATURE		DATE	

For Office Use Only

TRANSACTION PROCESSED BY	
EMPLOYEE NAME	
PHONE NUMBER	
EMAIL ADDRESS	
EVENT #/ TRANSACTIONS	
DATE PROCESSED	