

Little Wonders Learning Center & Child care Inc.

Credit card authorization form

I, _____, hereby authorize Little Wonders Learning Center & Child care Inc. to charge my credit card for the amounts invoiced.

Customer, Company name: _____

Discover / Visa / MasterCard

Credit Card Number: _____

Expiration Date: ___/___ Sec code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone# _____

Email: _____

Cardholders Signature: _____ **Date:** _____

As the credit card holder, I also authorize Little Wonders Learning Center & Child care Inc. to charge my credit card for future services verbally (or written) approved by me.

104 Ritz Drive, Dingmans Ferry, PA 18328

P: 570-828-2500 F: 570-828-8241