NORTH SHORE PRESCHOOL AND CHILD CARE

7703 N. Green Bay Rd.

Glendale, WI

10406 N. Cedarburg Rd.

Mequon, WI 53092

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize North Shore Preschool and Child Care

 Print Cardholder Name

to debit my \_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_ AM EX

for the agreed upon contracted rate of child care, in accordance with my contract.

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Located on back of card

I WOULD LIKE MY CARD BILLED \_\_\_\_ WEEKLY

 \_\_\_\_ BI-WEEKLY

 \_\_\_\_ MONTHLY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MY BILLING ADDRESS FOR THIS CARD IS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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City State Zip

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Phone Fax

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Cardholder Signature Date

*\*All credit card transactions are subject to a 2% convenience fee*