

VISITATION ACADEMY
RECORD OF CREDIT CARD CHARGE

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

ZIP CODE: _____

CREDIT CARD VISA _____ M/C _____ AMEX _____ DISCOVER _____

CREDIT CARD NUMBER _____

EXPIRATION DATE (MM/YY) _____ SEC CODE _____

AMEX SEC CODE _____

CHARGE AMOUNT \$ _____ DATE _____

PURPOSE OF CHARGE _____

CARDHOLDER SIGNATURE _____

RECEIVED BY: _____