



Carol Morgan School

Online Credit Card Payment Authorization Form

By signing this form I authorize the Carol Morgan School to debit the account indicated below all online purchases from the CMS Online. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

<input type="text"/>			
<i>Full Name</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<i>Family Code</i>	<i>Phone</i>	<i>Email</i>	
<input type="text"/>		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX	
<i>Name on Card</i>		<i>Card Type</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Card Number</i>	<i>Expiration</i>	<i>CVV</i>	<i>Issuing Bank</i>

<input type="text"/>	<input type="text"/>
<i>Signature</i>	<i>Date MM/DD/YYYY</i>

Please deposit this form at the Carol Morgan School Business Office Cashier station or email it to customerservice@cms.edu.do