



enriched
LITERACY EDUCATION

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CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until canceled.

CARD TYPE

amex

discover

mastercard

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CARDHOLDER NAME:

FIRST + LAST NAME

BILLING ADDRESS:

STREET ADDRESS

CITY, STATE

ZIP CODE

CREDIT CARD NUMBER:

EXPIRATION DATE:

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CCV SECURITY CODE:

I, _____, authorize Enriched Literacy Education to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

SIGNATURE :

DATE :
