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## Credit Card Authorization Form

*This information is intended for school lunches. The information will be kept in our secure Point of Sale system and the credit card will be charged for each transaction. Credit card must be valid Visa or MasterCard only.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CardType \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCVCode \_\_\_\_\_

Signature \_\_\_\_\_

Gratuity Percentage \_\_\_\_\_