

Braintree After School Enrichment Automatic Credit Card Billing Information

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card information below and sign the form. All requested information is required. We will automatically bill your credit card according to your tuition schedule and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CUSTOMER INFORMATION:

Customer Name:

Phone #:

PAYMENT INFORMATION

I authorize B.A.S.E. to automatically bill the card listed below as specified:

Amount: \$ _____
(refer to tuition schedule)

Frequency: _____ Weekly (one week in advance)

_____ Monthly (in advance)

Start billing on: ____/____/____

End billing when: ____ contract expires

_____ upon customer request

CREDIT CARD INFORMATION

B.A.S.E. accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit Card Type:

Credit Card #

Expires:

____/____

Cardholder's Name:

Cardholder's Zip Code

(as shown on credit card)

(from credit card billing address)

(Customer's Signature)

(Date)