GENERAL USE
AUTHORIZATION TO CHARGE CREDIT CARD

San Gabriel Mission High School
254 S. Santa Anita St.
San Gabriel, CA 91776
Phone: (626) 282-3181 Fax: (626) 282-4209

DATE:_____ TRANSACTION: _____

CARD HOLDER NAME_____

PARENT NAME IF DIFFERENT FROM ABOVE: _____

STUDENT NAME: _____ GRADE: _____

CELL # ( ) _____ WORK PHONE # ( ) _____

E-MAIL _____

Please check credit card to be charged: Visa ❒ Master Card ❒

CREDIT CARD #_____EXPIRATION DATE_____

AMOUNT TO BE CHARGED $_____ REASON:_____

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

_____
PURCHASER'S SIGNATURE DATE

For Office Use Only: Received on _____ Processed on_____

❒ Charge Approved ❒ Denied ❒ Reattempted_____ _____

Batch #_____ Invoice #_____ Auth No#_____

NOTES:

Charge: $_____