



CREDIT CARD AUTHORIZATION FORM

NACEL OPEN DOOR / ST. PAUL PREPARTORY SCHOOL

PLEASE PRINT LEGIBLY, COMPLETE THIS AUTHORIZATION AND RETURN.

For Payments To: **Nacel Open Door / AYP / SPP** – Nou Thao nthao@nacelopendoor.org
Private School Program (PSP) – Julie Suemitsu jsuemitsu@nacelopendoor.org
Or Fax To: 651-686-9601

Please select program AYP PSP SPP Other _____

CREDIT CARD INFORMATION

Student Full Legal Name:		Student Nickname:
Card Holder Name		Card Holders Signature
Card Holder Address		Apartment/Unit #
Credit Card Type: ___ Visa ___ Master Card ___ Discover ___ American Express		Exp. Date: ___/___
Card Number: _____ - _____ - _____ - _____		Billing Zip Code: _____
Credit Card Identification Number: _____ <small>(Visa, Master Card and Discover, last 3 digits on the back of the credit card. AMEX 4 digits on the front of the card.)</small>		
Amount Charged (USD)	+ 4% Fee not needed if card is manually swiped.	= Total Amount Charged

Fee For:	Amount:	Code:	Job I.D.
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

OFFICE USE:

Processed By:	Date:
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