



**741 Garden View Court, Suite 106
Encinitas, CA 92024
e-mail: answersplus@yahoo.com
(760)-632-2262 fax: (760)-632-0112**

Request for Automatic Credit Card Billing

Name on Credit Card First _____ Last _____

Billing Address for Credit Card: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: Amex Visa MasterCard Discover

Credit Card Number: _____ Exp. Date: _____

Verification Code: _____ (3 digits on the back/4 digits on front of Amex)

Amount to charged on the first of each month: _____

As long as tutorial sessions remain in effect or unless otherwise notified.

Coordinator

Parent

Date

Date