



CREDIT CARD AUTHORIZATION FORM

I hereby authorize A+ Tutoring Service, Inc. to charge the under-mentioned credit card for services provided by A+ Tutoring Service, Inc. I understand that I will receive a monthly statement detailing all charges.

Student Name: _____

Credit Card Information: • Visa • MasterCard • Discover • Amex

Name on card: _____

Billing Address: _____

Card # _____ **CVV2#** _____

Today's Date: _____ **Credit Card Expiration Date: Month:** _____ **Year:** _____

Amount Authorized: \$ _____

Authorized Signature: _____

Return this completed form to A+ Test Prep and Tutoring

505 York Rd., Suite 6, Jenkintown, PA 19046

Fax: 215.886.0155

Email: aplusadmin@aplustutoring.com

Please keep a copy for your records.

Since 1992. The + in A+ is the personalized and customized attention given to each student.