

**CREDIT CARD HOLDER INFORMATION**

NAME ON CREDIT CARD			
TYPE OF CREDIT CARD	VISA	MASTERCARD	

ACCOUNT NUMBER			
EXPIRATION DATE		CVV/CVC (3-digit)	
BILLING ADDRESS			
CITY, PROVINCE		POSTAL CODE	
PHONE		EMAIL	

**AUTHORIZED USER OF CREDIT CARD**

COMPANY	Summit Kids	PHONE NUMBER	403.477.5437
EMAIL ADDRESS	corporate@summitkids.ca		
IDENTIFICATION	Summit Kids		
TYPE OF CHARGES	Monthly Fees: Out-of-School		
AUTHORIZED AMOUNT	\$ +1.5% merchant fee		
DATES OF CHARGES	Monthly – September 1, 2014 – June 30, 2015		

**AUTHORIZATION OF CARD USE**

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

I understand that all financial information related to my account will be kept confidential.

CARD HOLDER NAME			
SIGNATURE		DATE	