

Washington District UPCI Credit Card Authorization Form

Customer Information:

Name: _____

Address: _____

City/State/Zip: _____

Credit Card Information: VISA or MASTERCARD accepted

Credit Card Type: _____ Security # _____

Credit Card Number: _____

Credit Card Expiration Date: (mm/yy) _____

Purchase Information:

Amount: _____ Department: YOUTH

Item Description: _____

Customer Signature: _____

Date: _____

Notes: