



Blue Marble Learning Center

Credit Card Authorization

Card Type: _____

Card Number (please write clearly):

CVV/CID Number (digits on the back of the card/front with AmEx):

Expiration Date: _____

Name (as it appears on the card)

Credit Card Billing Address:

Phone Number _____

Email _____



By checking this box, I authorize Blue Marble Learning Center to charge my credit card weekly for services rendered.

Authorized Signature:

Date: _____