



P.O. Box 29418
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CREDIT CARD AUTHORIZATON FORM

Instructions

1. Complete the form by printing legibly with dark ink, all billing and credit card information.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a copy of the front and back of the signed credit card.
4. Fax or mail this form along with a photocopy of the signed credit card.

Fax: 360-715-2783

Mailing Address: Math Perspectives, P.O. Box 29418, Bellingham, WA 98228

I, _____, hereby authorize Math Perspectives to charge my credit card account in the amount of \$ _____ (including shipping and handling, and/or taxes, if applicable).

Type of Card VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

Name as it appears exactly on the card: _____

Billing address of cardholder:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

By signing this form, I hereby authorize Math Perspectives to charge the credit card listed above for payment of fees, costs, and expenses. I certify that I am a person who is authorized to use this credit card. I agree to abide by the terms and conditions set forth as a credit card holder.

I have read and understand Math Perspectives cancellation policy.

Signature: _____

Printed Name: _____

Date: _____