



Credit Card Authorization Form

*This authorization form is for our School Lunch Program.
We will only use this information for School lunches and the information
will be kept in our secure system and the account will be charged daily upon your order.*

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parent Name _____

Contact Number _____

Email Address _____

Billing Address _____

Credit Card Number _____

Card Type _____ Expiration Date _____ CCV Code _____

Signature _____

Gratuity Percentage _____