

ABC Driving School

Credit Card Payment Form

(If paying by credit card, please fill out form and fax it in with your contract.)

Card Type: Master Card Visa

Cardholder: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ (3 digit # on back of card)

Address (where customer receives credit card statement)

Street#: _____

City, State, Zip: _____

Phone#: _____

Cardholder Signature _____ Date _____