



Thousand Oaks High School Lancer Band
Credit Card Acceptance Form

Please Print Clearly

Credit Card Information

Visa and MasterCard Only

Name on Card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Input Value: _____

(Last 3 digits on the back of card - Usually located below the signature line)

Billing Information

First Name: _____

Last Name: _____

Business Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Sales Information

Total Amount: \$ _____

Purchaser Signature: _____

Date: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown above and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer

Processed by: _____

Date: _____