

Credit Card Authorization Form

I, _____ hereby authorize "The Valley Ford Schoolhouse"
to charge my: Visa ____ Mastercard ____ Discover ____ AmEx ____
Card Number _____
Expiration Date _____
CVV Code _____ (Located on the back of card)
For the amount of \$350.00

My billing address is for this card is:

Billing Address

City

State

Zip

Card Holder Signature

Date

Please return via:
email: valleyfordschoolhouse@gmail.com,
snail mail: P.O. Box 573, Valley Ford, CA 94972
fax: 707-634-1440

Thank you for choosing The Valley Ford Schoolhouse!