



P.O. Box 29418  
Bellingham, WA  
98228-9418  
mathperspectives.com

## CREDIT CARD AUTHORIZATION 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: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_ (last three digits on the number on the back of the card)

Name as it appears exactly on the card \_\_\_\_\_

Billing address of cardholder:

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

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: \_\_\_\_\_