

SWEATSHOP MOVEMENT Authorization for Credit Card Use

Please Complete this authorization form & return to Sweatshop Movement Staff. All information will remain confidential.

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number:

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Expiration Date: ____/____/____ **CVS:** _____ *(last 3 digits located on the back of the credit card)*

I authorize Sweatshop Movement to charge the Credit Card listed above for the student, _____, in the amount agreed upon for classes or services, as indicated in our agreement with Sweatshop Movement. I agree to pay for this purchase under Sweatshop Movement rules and policies, for the duration of the class or service period, as indicated in our agreement with Sweatshop Movement. My signature below confirms such authorization.

Signature: _____

Print Name: _____ **Date:** _____