



Island Montessori Authorization for Card Use

Please complete the details below and return a signed copy to admin@islandmontessori.org

Name on Card: _____

Card Type: _____ VISA _____ MasterCard

Card Number: _____

Expiration Date: _____ Card Identification Number: _____

Amount to Charge US\$ _____ KY\$ _____

I, _____ authorize Casa Partners Ltd., t/a Island Montessori to charge the amount listed above to the credit card provided herein. I agree to pay the above amount in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____

Email Address: _____

Phone Number: _____

