

WoodallKids Credit Card Charge Form

Child's Code: _____

Credit Card Number: _____

Expiration Date: _____ CVC Number: _____

Name: _____

Billing Address: _____

City: _____ ST _____ ZIP _____

Telephone: _____ Email: _____

Amount to Charge: _____

- I would like to keep this card information on file for automatic monthly payments.

Signature: _____ Date: _____

Please Note: there is a 3% credit card processing fee added to all transactions.

WoodallKids Credit Card Charge Form

Child's Code: _____

Credit Card Number: _____

Expiration Date: _____ CVC Number: _____

Name: _____

Billing Address: _____

City: _____ ST _____ ZIP _____

Telephone: _____ Email: _____

Amount to Charge: _____

- I would like to keep this card information on file for automatic monthly payments.

Signature: _____ Date: _____

Please Note: there is a 3% credit card processing fee added to all transactions.