



Delaware STEAM Academy Inc

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$_____ (USD) + **5% processing fee**

I _____ authorize to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Signed: _____ Name: _____

Dated: _____

Once signed return the completed form to:

Delaware STEAM Academy

Attn: Jerry Xiao

226 W Park Place, Suite 4, Newark, DE 19711

P: 302.5886066; info@desteam.org