

THE SPIRIT CONSULTANTS

(OFFICE) 310.702.3433 WWW.THESPIRITCONSULTANTS.COM (FAX) 310.862.6743

2020 TSC CREDIT CARD AUTHORIZATION FORM

(PLEASE PRINT CLEARLY – RETURN VIA SCAN/EMAIL OR FAX)

EMAIL TO: ACCOUNTING@THESPIRITCONSULTANTS.COM / FAX # (310) 862-6743

Name of Camper: _____

School Attending in 2020-2021: _____

Name of Parent/Legal Guardian: _____

Phone Number: (____) _____ - _____

Email (for CC receipt and communication): _____

I am paying for (event name): _____

TSC Invoice # (if provided): _____

Total Payment Amount for this Transaction: \$ _____

Credit/Debit Card Info (*circle one*): VISA MASTERCARD DISCOVER AMEX

Credit/Debit Card Number: _____

Expiration Date: ____/____ Security Code # (CSC/CVC #): _____

CC Billing Address: Street: _____

City, State: _____

Zip Code: _____

RECONFIRM TOTAL CREDIT CARD CHARGE: \$ _____

I, FULLY AND COMPLETELY, UNDERSTAND THAT THERE IS NO REFUND FOR THIS PAYMENT/TRANSACTION AND THAT THERE MAY BE A PROCESSING FEE ADDED.

I, _____, authorize The Spirit Consultants to charge my credit card for the above amount in full.

Cardholder Signature

Date