



CREDIT CARD PAYMENT INFORMATION

I hereby authorize Chattering Children to charge my credit card for services rendered on behalf of my child or myself _____. I understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I understand that this agreement is between myself and Chattering Children.

Name (as it appears on card): _____

Type of Card: (circle one) VISA MasterCard

Account Number: _____

Expiration Date: _____

CVT CODE (3-digit security code/back of the card): _____

Cardholder Signature: _____

Billing Address: _____

Today's Date: _____