



Ball Tutoring

A LEARNING COMPANY

Credit Card Authorization

I, the undersigned, hereby authorize Ball Tutoring LLC (Merchant) to keep my signature on file and to charge my Visa, MasterCard or American Express on a bi-monthly basis for any and all tutoring, test preparation and/or any other related services rendered in connection with my child, _____ . I have read the Company Policies provided to me, understand the terms, and agree to pay in full for educational services rendered to my child. I understand that if my credit card is declined, I will contact Ball Tutoring immediately with a new credit card number. Please note that tutoring services are subject to interruption or termination as a result of delinquent payment.

Credit Card Type: _____

Visa, MasterCard or American Express Only

Credit Card Number: _____

Expiration Date: _____

Month

Day

Year

Billing Address: _____

Street

City

Zip Code

Parent or Legal Guardian's Name as it Appears on Credit Card:

(If using a business card, your name must be printed on the credit card, not just the business name)

If Business Card, Please List Company Name:

Signature of Parent or Legal Guardian:

Please Complete and Return To Ball Tutoring by Fax (949-509-6599) Or Mail

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