DEDICATED
CREDIT REPAIR

Credit Card Authorization Form

(Please write or type your info clearly, no cursive)

Check the event you will be attending: ☐ Mon June 13th ☐ Wed June 22nd

Parent's Full Name: _____

Parent's Phone Number: _____

Parent's Email: _____

Student's Full Name: _____

Student's Phone Number: _____

Student's Email: _____

Credit Card Number: _____

Expiration: _____

3 Digit Code: _____

☐ I agree to pay a one time enrollment fee of 50.00