



## Credit Card Authorization Form

MERRICAT'S CASTLE SCHOOL  
316 EAST 88<sup>TH</sup> STREET, NEW YORK, NY 10128  
212-534-3656

Name on Card: .....

Card Type: .....

Card Number: .....

Expiration Date: .....

Security Code: .....

Billing Address:.....

.....

Zipcode: .....

Email: .....

Amount: \$ .....

Signature: .....