



APPLEGATE SCHOOL PTO

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PTO Credit Card Authorization Form

Cardholder's Name _____

Billing Address _____

Credit Card Number _____

Expiration Date _____ CVV Code _____

Payment Amount _____

The name on the above credit card must match

The name of the person authorizing charges

I, _____, authorize Priority Payment Systems to charge the above credit card for the specified amount above for merchant processing services rendered. I agree that Priority Payment Systems has fulfilled its service to me and that I am fully satisfied with those services and the amount charged for those services.

Cardholder's Signature _____

Date _____

Email for Receipt _____

Contact Phone Number _____