

CHARGE CARD AUTHORIZATION

(Please print clearly or use as PDF fill-in form)

Morris Pratt Institute

11811 Watertown Plank Road, Milwaukee, WI 53226, USA
info@morrispratt.org | 414-774-2994



Purchaser

Purchaser name _____ Email _____
Address _____
(not p.o. box) _____ Phones _____
Billing address _____
(if not above) _____
City, state, zip _____

Payment Charge (Credit or Debit card)

- One-time payment
 Monthly payments charged on or about the 4th or 16th of the month

Payment amount _____
Charge card type AmEx Discover MasterCard Visa _____
Card number _____ Expiration date _____ Security code _____

Agreement and Signature

I authorize charge-card payment of the amount entered above. Monthly payments are in accordance with payment plan selected on enrollment applications, and continue until course cost is paid in full. I understand that if the charge of a monthly payment cannot be approved or later is declined, I may be dropped from this payment option.

Signature _____ Date signed _____