

Amethyst Foundation, Inc.
120 Hedding
Epping, NH 03042

Credit Card Validation Form

VISA-MASTERCARD-AMERICAN EXPRESS-DISCOVER

Please complete this form and return it to Amethyst Foundation at the address listed below as soon as possible. Please be certain to indicate the full name of the person for whom this payment is being authorized.

Important Reminder: receipt of this form does not guarantee dates of service. The client must call to confirm the dates of service and his/her program reservation.

Type of Card

Card Number

Expiration Date

Three Digit Number (back of card)
Four Digit Number (front of AMEX card)

I, _____ hereby accept full
Full Name of Cardholder (Please print legibly)

responsibility for credit card charges in the amount of: _____ .00 made for:
Dollar Amount

Name of Client (Please print legibly)

Signature of Cardholder

Date

Cardholder Street Address (as listed for credit card)

Cardholder City, State, zip code (as listed for credit card)

Signature of Client

Date

603-679-2100 1-800-327-1114 603-679-5869 (Fax)