



"Learning Today, Leading Tomorrow"

**CREDIT CARD
AUTHORIZATION FORM**

VISA

MASTERCARD

PLEASE PRINT –

Name of Person using credit card: _____

(Please ask for driver's license identification on the above person.)

Name on Credit Card: _____

Description of Services: **Central City Community School District is exempt from all STATE TAXES and will be responsible for the following charges only –**

Hotel Reservations

Parking

Meals

Other _____

- *Credit Card Authorization Form is NOT valid if the person using this card does not present a valid driver's license.*
- If you have any questions concerning the above use on this credit card, please feel free to contact Ashley Ratliff, School Business Official at 319-438-1231 - Central City Community School District – 400 Barber Street – Central City, IA 52214.

I hereby authorize the hotel/vendor to apply costs for the above listed items and/or services to the credit card above by the individual named using the card.

Ashley Ratliff, School Business Official

*This form is an official document provided by Central City Community School District. It can be found on our website at www.central-city.k12.ia.us under District Office "Finances".

Central City Community School District