



## NewRock Prep

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

#### Credit Card Information

Card Type:  MasterCard  VISA  Discover  AMEX  Other

\_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address):

\_\_\_\_\_

\_\_\_\_\_ Weekly payment (Monday)

\_\_\_\_\_ Bi-Monthly (3<sup>rd</sup> and 18<sup>th</sup>)

\_\_\_\_\_ Monthly (3<sup>rd</sup> of Each Month)

I, \_\_\_\_\_, authorize NewRock Prep to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_ Customer  
Signature Date

Client ID must be attached to authorization form.