

PRESERVICE CREDIT CARD PAYMENTS



CONTACT NAME: _____ PHONE #: _____

SCHOOL DISTRICT/COMPANY: _____

DRIVERS/CLASS: *(Add Below)*

INVOICE# _____

EMAIL ADDRESS: *(For receipt)* _____

AMOUNT: _____

ADVANCE - \$104.00 (COST IS \$100 WHEN PAYING WITH CHECK/PO)

INSERVICE- \$52.00 (COST IS \$50 WHEN PAYING WITH CHECK/PO)

.....
CARD (CHECK) _____ VISA *or* _____ MASTERCARD

NAME ON CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE ON BACK: _____

ZIP CODE: _____

Please Email or Fax this Form to:

Schoolbus@staff.allencountyesc.org *or* Fax to 419.224.0718 *Attn:* Kathy