



CREDIT CARD AUTHORIZATION FORM

PLEASE RETURN COMPLETED FORM TO AR@POWERSCHOOL.COM

ALL PAYMENTS ARE PROCESSED IN USD

Customer Number _____

Invoice Number/Name of Training _____

OR

Training Dates _____

Training Class Name/Topic _____

Attendee Names (if applicable) _____

Cardholder Name (Please Print) _____

School/District Name (Please Print) _____

Cardholder Billing Address (Please Print) _____

Street Address/PO Box

City

State Zip

Phone Number () _____

Credit Card Information

Account Number _____

Expiration Date (MM/DD/YY) _____

Security Code (from back of card – 3 or 4 digits) _____

Authorization Total _____

Undersigned customer hereby authorizes PowerSchool Group LLC to charge the above-listed credit card number. The undersigned understands that the same terms and conditions normally governing the use of the credit card apply to this use as well. The undersigned customer authorizes PowerSchool Group LLC to perform credit card checks and other credit or financial information or references submitted to PowerSchool Group LLC, where permitted. The undersigned represents that he/she has authority to request service(s) for the customer.

Signature Date