



Credit Card Authorization Form

(Please fill in the form below and return it to us)

By signing this form I authorize Ambrosia & Fig to debit my account for Monthly Lunch Fees. Fees are charged Monthly on the 20th of every month. Lunches are for a total of 6 months and billed monthly.

First Name: _____ Last Name: _____

Meal Preference: _____

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Other: _____

Cardholder Name* _____

Card Number* _____

Expiration Date (MM/YY)* _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address: _____

* Obligatory fields.

Email: _____ Phone #: _____

CARDHOLDER SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount of monthly lunches for Little Ivie's Montessori only and for a term of 6 months. You can pause lunches for 1 month at a time with a 30 day written notice. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.