



THE EDUCATIONAL THERAPY CENTER OF PRINCETON

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CREDIT AUTHORIZATION FORM

Please complete all fields.

Note: You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Student Name:

CREDIT INFORMATION

Please put information for your preferred credit card below. We cannot accept debit cards.

Card Type: MasterCard Visa Discover AMEX

Card Number:

Cardholder Name (as shown on card):

Expiration Date:

Security Code:

Credit Billing Zip Code:

I, _____, authorize The Educational Therapy

Center of Princeton to charge my credit card for agreed upon purchases. I understand that my information

will be saved to file for future transactions on my account.

Signature:

Date: