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## Single Credit Card Charge Authorization Form

Credit card payments will incur an additional 4% processing fee; I understand that and I authorize Quala Care Child Center, Inc. to charge my Credit Card indicated below in the amount of \$\_\_\_\_\_ plus the fee.

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NAME - PRINT AS IT APPEARS ON CARD

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PHONE NUMBER

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ZIP CODE

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CREDIT CARD NUMBER

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EXPIRATION DATE

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CVV

Card Type:  Visa  MasterCard  Discover

Tuition payment for: \_\_\_\_\_  
CHILD'S NAME

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SIGNATURE

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DATE

Please return to:  
Quala Care Child Center, Inc.  
920 Andover Rd  
Linthicum, MD 21090

410-859-3200  
qualacare@gmail.com  
www.qualacare.org