



• 11910 Volente Road, Suite 6
• Austin, TX 78726
• p 1.800.749.5086
• p 512.219.7610
• f 512.219.7728
• www.hayessoft.com

Credit Card Charge Request Form

Date of request: _____

School District: _____

School Name: _____

Name as it appears on Credit Card: _____

Street address and zip code for billing statement: _____

Phone number for cardholder: _____

Relationship of Credit Card Holder to School: _____

Type of Credit Card: Master Card or Visa/ProCard

Credit Card number: _____ - _____ - _____ - _____ Card Verification number: _____

Expiration date on Credit Card (MM/YY): _____ Amount to be charged on Credit Card: \$ _____

Purchase is being made for: _____

I, _____, due hereby give Hayes Software Systems permission to charge the above listed credit card for the above listed purpose(s).

(Signature)

(Today's Date)

(Printed Name)