

**Lake View High School
Credit Card Processing Form
773.534.5440 8 AM – 3 PM**

A small Credit Card Processing Fee will be applied to each transaction:
\$1.00 for any amount under \$100.00
\$3.00 for any amount over \$100.00



Student's Information:

Last Name: _____ First Name: _____

Division #: _____ Student ID#: _____

Credit Card: (Please Circle) American Express Discover Card Master Card Visa

Credit Card Number: (Please Write Clearly)

Expiration Date: _____ 

Verify Credit Card Number: (Please Write Clearly)

Expiration Date: _____ 

Credit Holder's Name – Print Name: _____

Credit Card Holder's Address: _____

City & State: _____

Zip Code: _____

Credit Card Holder's Phone Number: (_____) _____

Card Holder's Signature: _____ Date: _____

Enter Total Amount Charge to the Credit Card: \$ _____

Apply transaction towards: Students Fees/Debts Yearbook Transcripts Other: _____

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\$3.00 for any amount over **\$100.00**

Fax the form to: Mrs. Pace, Treasurer
Fax #: 773.534.5585

US Mailing Instructions: Lake View High School
4015 N. Ashland Ave.
Chicago, IL. 60613
Attn: Mrs. Pace