

PLD Band Credit Card Transaction Form

Amount: \$ _____ Purpose: _____ Date: _____
Taken by (If taken by committee person): _____
Name as it appears on the credit card: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Credit Card Type (Visa/MC/Am Ex): _____ Exp. Date: _____
Credit Card #: _____ CVC/CVV Code: _____
Student's Name: _____
Notes: _____

This form will be shredded after the transaction has cleared

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