



LSU Laboratory School Credit Card Payment Form



| Name of Student | Payment to be applied to the following charges | Payment Amount |
|-----------------|--|----------------|
| | | |
| | | |
| | | |
| | | Total \$ |

Name as it appears on Card: _____

Address: _____ City _____

Zip Code: _____ Phone: _____

Card Type: _____ Number: _____

Credit Card Expiration Date _____ Month _____ Year _____

Cardholder's Signature _____

Office Use Only

Date _____

Received by _____

*Card information obtained via personal contact between _____

(Lab School Employee)

and _____
(Cardholder)