



**sproutlings**

PEDIATRIC DAY CARE & PRESCHOOL

# Credit Card Authorization

Located in Kosair Charities Center on  
Masonic Homes Kentucky's Louisville Campus  
3800 Tom Larimore Lane • Masonic Home, KY 40041  
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223  
**SproutlingsDayCare.com**

This information is confidential. This form will be kept by Masonic Homes Kentucky Corporate Resource Center.  
**--- There will be a 3% processing fee added to the total amount ---**

**Please complete the information below.**

I, \_\_\_\_\_ authorize Sproutlings to charge my credit card for:  
(full name)

Child(ren) \_\_\_\_\_ indicated below for:

_____	+ 3% Fee	_____	=	_____	on or after	_____
				(total amount)		
_____	+ 3% Fee	_____	=	_____	on or after	_____
				(total amount)		
_____	+ 3% Fee	_____	=	_____	on or after	_____
				(total amount)		
_____	+ 3% Fee	_____	=	_____	on or after	_____
				(total amount)		

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Visa  Mastercard  Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 digit number on back of card): \_\_\_\_\_

Authorized Signature of Card Holder: \_\_\_\_\_  
(if present during transaction)

For Corporate Resource Center Use Only: \_\_\_\_\_

Order Processed By: \_\_\_\_\_

Date Transaction Completed: \_\_\_\_\_

Date Facility Notified: \_\_\_\_\_