Breakfast & Lunch Credit Card Order Form

Directions: Please check the boxes for the dates you wish to order Breakfast and/or Lunch for your child. (Please use a separate form for each child).

Payment for meals must accompany order form. Please fill in the credit card information below to be charged for the referenced month's food program.

Month: _____ Location: _____

Student Name: _____ Signed: _____
(Please print student's name) (Parent/Guardian signature)

CREDIT CARD AUTHORIZATION

I authorize Summit Academy Management to charge my MasterCard, Visa or Discover card for the student's account listed above.

☐ Master Card ☐ Visa ☐ Discover Expiration Date: ☐☐/☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CID # ☐☐☐ *(last three digits on back of card in the signature area)*

Billing Address: _____ Billing Address Zip Code: ☐☐☐☐☐

Authorized Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Date	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
Breakfast										
Lunch										

Date	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
Breakfast										
Lunch										

	Quantity		**Price Per Meal**	
Breakfast	_____ times	_____	equals	_____
Lunch	_____ times	_____	equals	_____
Deduct Breakfast Lunch Credit		_____	less	_____
Deduct Lunch Credit		_____	less	_____
			Total	$_____