



**CREDIT CARD PAYMENT VERIFICATION**

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_

Authorization Code \_\_\_\_\_ (Three digit code on back of card)

Cardholder's Name (Please Print) \_\_\_\_\_

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

\_\_\_\_ VISA  
\_\_\_\_ MasterCard  
\_\_\_\_ Discover

Payment Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KLINGSPOR Abrasives, Inc.

PO Box 2367, 2555 Tate Blvd SE, Hickory, NC 28603-2367

Phone: (828) 322-3030

Fax: (828) 326-0296

<http://www.klingspor.com>