

Charged Square: \_\_\_\_\_ For: \_\_\_\_\_



**Language  
Learning and  
Speech Center**  
of San Luis Obispo

**We Accept Visa, Mastercard, Cash or Checks for payment.**



I authorize the Language, Learning and Speech Center to charge my account for:

Amount to be charged: \_\_\_\_\_

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

Client's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

\_\_\_\_\_ Okay to email receipt? \_\_\_\_\_

\_\_\_\_\_ Would you like an invoice receipt mailed to you? \_\_\_\_\_

Cardholder's Phone: \_\_\_\_\_

Cardholder's Email Address: \_\_\_\_\_



Card Number \_\_\_\_\_

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

Security Code (3-4 digits) \_\_\_\_\_

Card Zip Code \_\_\_\_\_

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

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Please call Sam Larkin, Accounts Manager for billing inquiries. 805.543.7978  
805-543-3945 office  
Fax: 805-543-6665

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