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2019-2020 Credit Card Form

To begin the payment process for your order via credit card and be notified via email of the payment, please complete this form and submit it to the PALS ordering team per the instructions below. If you have any questions while completing this form, please contact the PALS support team at support@palshelp.com.

Visa Mastercard Discover American Express

Name on Card _____

Card Number _____

Exp. Date _____ CSV _____

Billing Address for Credit Card

Street Number and Name _____

City _____ State _____ Zip Code _____

Please email the completed form to orderPALS@illuminateed.net or call 951-506-3593 ext 2130 to pay over the phone. We do not keep credit card information after your order is processed, and this document will be destroyed. To make this easier, please attach this form and your order form as separate documents in your order email.