

# Campus Day Camp

2901 Campus Rd. Brooklyn, N.Y. 11210  
(718) 421-7575

## **Credit Card Payment Authorization Form**

Sign and complete this form to authorize Campus ASP Inc. to make charges to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated.

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### **Please complete the information below:**

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ authorize Campus ASP Inc. to automatically charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ and to keep this account on file for future charges.  
(amount)

Billing Address \_\_\_\_\_

City, State, \_\_\_\_\_

Zip Code, \_\_\_\_\_

Account Type:  Visa       MasterCard       Amex

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

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

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

CVV2 (3 digit number on back of Visa/MC or 4 on front of Amex) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the Campus ASP Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the dates indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.