Robert Stone
Director

Sally L. Schleifer
Assistant Director

CREDIT CARD AUTHORIZATION FORM

DATE _____

CAMPER NAME _____

NAME ON CARD _____

CREDIT CARD # _____

EXPIRATION DATE _____

SECURITY CODE _____

CC BILLING ADDRESS _____

_____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print)

authorize AMERICAN LEARNING SYSTEMS, Inc. to charge the above credit card in the amount of $_____.

_____ _____

Cardholder's Signature **Contact Phone Number**

PLEASE FILL OUT & FAX THIS FORM TO (561)495-5573.

American Heritage Summer Day Camp

6200 Linton Boulevard • Delray Beach, FL 33484 • Phone 561-637-2440 • Fax 561-495-5573