

Authorization for Credit Card Use

Camp Blue Wave

Name of child: _____

Name on card: _____

Billing Address: _____

Credit Card Type: ____ Visa ____ Mastercard ____ Discover

Credit Card Number: _____

Expiration Date: ____/____

3 digit Security Code on back: ____

Amount to Charge: \$_____ (USD)

I authorize Camp Blue Wave to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing and cardholder agreement. I understand that the information provided will be used one time only and there will be no recurring charges in the future.

Cardholder- Please sign and date

Signature: _____

Date: _____

Print name: _____