



4350 Oakes Road, Suite 525 Davie, FL 33314 Phone: 954-769-1439 Fax: 954-416-2061

FAX COMPLETED FORM TO: 954-416-2061 OR SEND BY EMAIL TO: <u>trolonsimon@gmail.com</u>

ME:				
ME:				
	<u>AUTHORIZAT</u>	TION FOR CREDIT CAP	RD PAYMENT(<u>(S)</u>
ACCOUNT TYPE:	VISA	MASTERCARD		
CARDHOLDER N	AME			
CARD BILLING A	DDRESS			
CITY, STATE, ZIP				
PHONE (WORK/	HOME)	(MOBILE)		
ACCOUNT NUM	3ER			
EXPIRATION DATE		SECURITY CODE:		

SIGNATURE ON FILE

By signing this agreement, the above Party grants authorization for ShiptoCamp to bill the credit card above, for all invoices incurred, for summer camp shipping services rendered through shiptocamp.com. This includes, but is not limited to, surcharges for oversize baggage exceeding standard dimensions as defined during the website or phone registration process.

SIGNATURE AUTHORIZATION:

___ DATE: ____

Dependent on the shipping services provided to our customers, ShiptoCamp reserves the right to process your credit card payment prior to, at the time of, or after services are rendered. All credit card payments are processed securely by ShiptoCamp through CMS merchant terminal business services and will appear on your receipt as such. ShiptoCamp is the only authorized party involved in this transaction. All credit card information provided is strictly confidential and used only for fees related to baggage services, to and from Stagedoor Manor, according to the registration information submitted through our website. Late fees will not be assessed as long as the credit card on file remains valid and active at the time of billing. Credit cards on file must be replaced immediately by the camper family if the credit card on file is compromised, expired or changed by the bank, prior to the completion of billing. **Initial:** ______ **Date:** ______