



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: trolonsimon@gmail.com

CAMPER 1 NAME: _____

CAMPER 2 NAME: _____

CAMPER 3 NAME: _____

AUTHORIZATION FOR CREDIT CARD PAYMENT(S)

ACCOUNT TYPE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARDHOLDER NAME	_____			
CARD BILLING ADDRESS	_____			
CITY, STATE, ZIP	_____			
PHONE (WORK/HOME)	_____	(MOBILE)	_____	
ACCOUNT NUMBER	_____			
EXPIRATION DATE:	_____	SECURITY CODE:	_____	

NOTES: _____

SIGNATURE ON FILE FOR 2025

By signing this agreement, the above Party grants authorization for IFL "Integrated Freight Logistics", Inc. 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 oversized baggage exceeding standard dimensions as defined during the website or phone registration process.

Dependent on the shipping services provided to our customers by shiptocamp.com, IFL "Integrated Freight Logistics", Inc. 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 IFL "Integrated Freight Logistics", Inc. through CMS or PayPal's merchant terminal business services and will appear on your receipt as such. IFL "Integrated Freight Logistics", Inc. 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 Blue Star Camps, per 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.

SIGNATURE AUTHORIZATION: _____ **DATE:** _____