



Coleman Country Day Camp



PO Box 34, Merrick, NY 11566 • ColemanCountry.com
Phone 516-620-4300 • Fax 516-620-4329

2020 Coleman Country Credit Card Agreement

Please complete and submit this form with your enrollment form if you would like to charge your deposit or other payment to your credit card. Please note: your **address** and **authorization code** are required to complete your transaction.

Card Type: Visa MasterCard Discover American Express

Card Number:

Expiration Date: Month: Year:

Credit Card Authorization Code:
(Last 3 digits in the signature box on the back of your Visa, MasterCard or Discover OR the 4 digit authorization code found on the front of your American Express)

Cardholder's Name:

Billing Address:

.....

Camper Name(s)

.....

Please check here if you would like us to charge your card in accordance with payment schedule that qualifies for the **Early Enrollment Tuition Credit:**

Date to be charged:	Amount to be charged:
Date of Enrollment (Prior to October 15, 2019)	\$1,500 per child
November 1, 2019	\$1,500 per child
February 1, 2020	\$1,500 per child
April 1, 2020	Balance due

Please check here if you would like us to charge your card in accordance with payment schedule that qualifies for the **November 1 Pay In Full Discount:**

Date to be charged:	Amount to be charged:
Date of Enrollment	\$1,500 per child
November 1, 2019	Balance due

The Early Enrollment tuition credit will be automatically applied if enrolled on or before October 15, 2019

Please check here and complete below if you would like to create your own payment schedule; we will automatically charge your card as indicated:

Date to be charged:	Amount to be charged:
___ / ___ / ____	\$ _____
___ / ___ / ____	\$ _____
___ / ___ / ____	\$ _____
___ / ___ / ____	\$ _____

I authorize Coleman Country to charge my credit card as listed above for the amount shown.

Signature Date