



# Coleman Country Day Camp



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

## Credit Card Authorization Form

Please complete and sign this form and mail or fax it with your enrollment form if you would like to charge your deposit or other payment to your credit card. Please note: your **address** is required to complete your transaction.

Card Type:     Visa             MasterCard     Discover     American Express

Card Number: .....

Expiration Date:    Month: .....    Year: .....

Cardholder's Name: .....

Billing Address: .....

.....

Amount to be charged: \$ .....

Camper Name(s) .....

.....

A 3% service fee will be applied to all credit card payments.

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

Signature ..... Date .....