



Credit Card Authorization

NAME AS IT APPEARS ON THE CARD _____

ADDRESS _____

CITY _____ ZIP _____

Cell Phone & Email Address _____

CARD TYPE: MASTERCARD ___ VISA ___ AMEX ___

I authorize Kids Clubhouse of Suffolk, INC to charge my Credit Card for the amount below.

Signature: _____

CARD NUMBER _____

EXPIRATION _____ V-CODE _____ (last 3 numbers)

** I understand that my card will be charged monthly for the following amount \$ _____ For months my children will be attending Kids Clubhouse.

Signature: _____