

Wayne Lenoff
Camp Director
Debi D'Amato
Assistant Camp Director



12200 W. Broward Blvd.
Plantation, FL 33325
(954) 472-0022 Ext. 3043

CREDIT CARD AUTHORIZATION FORM

DATE _____

STUDENT NAME _____

NAME ON CARD _____

CREDIT CARD ACCT # _____

EXPIRATION DATE _____

SECURITY CODE _____

CC BILLING ADDRESS _____

CC BILLING ZIP CODE _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print)
authorize AMERICAN LEARNING SYSTEMS, Inc. to charge the above credit card in the
amount of _____.

Cardholder's Signature

Contact Phone Number

PLEASE FILL OUT & FAX THIS FORM TO (954) 370-6069.