



PAYMENT AUTHORIZATION FORM

APPLICANT CREDIT CARD INFORMATION

Exact Name Shown on Card _____

Credit Card Billing Address _____

City _____ State _____ Zip _____ Phone _____

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express |

If you prefer to pay with cash or check, payment for ECL must be made on or PRIOR to the 28th each month. Thank you!

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check |
|-------------------------------|--------------------------------|

Credit Card Number

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Expiration Date	Security Code
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Monthly Amount to Charge
(only necessary for monthly charges, i.e. ECL)

I hereby authorize Free Time Kids Playcare, Inc. to charge the card above and to keep this card on file. I understand that I can revoke this authorization at any time.

Signature _____

Date _____