



A Child's Exploratorium

TEACHING CHILDREN TO LOVE LEARNING



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Child Name: _____

Parent/Guardian Name: _____

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Credit card billing address: _____

I, _____, authorize A Child's Exploratorium Learning Center to charge my credit/debit card above for the agreed upon monthly amount. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date