CREDIT CARD FORM
FOR MAILED OR FAXED PAYMENTS
Please <u>print</u> clearly. Thank you.

<u>CREDIT CARD INFORMATION</u> [*required for processing*]

*Cardholder's Name: _____

Camper's Name: _____

Card type (circle): VISA   MasterCard   Discover   AmEx

*Card # _____

*Expiration Date: _____ (mm/yy)

*Card Verification Code: _____ (On back of most cards. On front of AmEx cards)

Amount to be charged: $_____

<u>Billing Address</u>

*Street: _____

City _____ *Zip _____

If you would like to receive an e-mail receipt when this form is processed fill in your e-mail

address here: _____

The information I have provided here is true and correct.

Signature of cardholder: _____ Today's Date: _____
 (Required)

Return this form with your application for camp by mail to:
Camp Nejeda, PO Box 156, Stillwater, NJ 07875
Or
fax to <u>973-383-9891</u>

NOTE: These forms are NOT kept on file.
They are <u>shredded</u> after use.