



25000 W Ten Mile Rd
Southfield, MI 48033

CREDIT CARD AUTHORIZATION FORM

Card Type: Visa  MasterCard  Discover  American Express 

Card Number:

Expiration Date Month: _____ Year: _____

Card Holder's Name: _____
(Exactly as it appears on credit card)

Security Code: _____ (3-digit number on back of credit card)

Billing Address: _____
(Where you receive your credit card statement)

City: _____ State: _____ Zip: _____

Card Holder's Phone Number: _____

Camper(s) Name(s): _____

Camper's Fees:

_____ Credit Card: I authorize Summer Impressions* to charge my credit card for each camper(s) \$100.00 registration fee.

_____ Credit Card: I authorize Summer Impressions* to charge my credit card for each camper(s) \$50.00 per session deposit.

_____ Credit Card: I authorize Summer Impressions* to charge my credit card for the balance of each camper(s) tuition and for any additional camp tuition or lessons.

_____ Credit Card: I authorize Summer Impressions* to charge my credit card for amount noted below.

Amount to be charged: \$ _____

A \$10.00 service charge will be added to all transactions.

I affirm that I am legally authorized to use the credit card account number specified above.

Signature of Card Holder _____ Date _____

Summer Impressions is a registered assumed name of L & A Educational Services, Inc.