

MISS COTILLION

P.O. Box 1246
Fairfax, VA 22038
TEL: (703)273-2560

CREDIT CARD PAYMENT FORM

Accepted Payment Method:
VISA/MASTERCARD/NOVUS/DISCOVER ONLY
WE DO NOT ACCEPT AMERICAN EXPRESS

Name of camper: _____

Session Dates: _____

Type of card: VISA MC DISC NOVUS

Card # _____ CVC #: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Phone # _____

Amount to be charged: \$ _____

This charge is for: Program Fees Camp Supplies Photos

Signature of Cardholder: _____

Printed name: _____

Date: _____

OFFICE USE ONLY

Authorization Code: _____

Amount Charged: \$ _____

Date of Approval: _____