



Play Centers, Inc.

1517 York Road • Lutherville, Maryland 21093-5611
Phone: 410.296.4880 • Fax: 410.296.6153 • Web: www.playcenters.org
Tax ID: 52-1259566



1-TIME PAYMENT BY CREDIT CARD

TO BE COMPLETED BY PARENT

Date: ____/____/____ Contact Phone Number: ____ - ____ - ____

Type of Credit Card: VISA MASTERCARD DISCOVER AMEX (Circle one.)

Credit Card Number: _____ - _____ - _____ - _____

Name as it Appears on Card: _____
(Please print.)

Expiration Date: _____ / _____

CID Number: _____

(For VISA/MasterCard/Discover, the last 3 digits on the back of the card in the signature line :
For AMEX, the 4 digits above the card #)

Please provide the Billing Address for the credit card provided:

Address: _____

City: _____ State: _____ Zip Code: _____

Amount to Charge: \$ _____ . _____

What is the Amount for? _____

Center: _____

Child/Children's Name(s): _____

Signature: _____

TO BE COMPLETED BY STAFF

Employee's First & Last Name: _____
(Please print.)

This information was provided:

By Telephone In Person Via Drop Box/Mail (Please check only one.)

TO BE COMPLETED BY AR

Credit Card Batch #: ____ Date Posted to Account: ____ / ____ / ____ Initials: ____

ALWAYS SEND A RECEIPT