



CHILDREN AT PLAY
MONTHLY INSTALLMENT BILLING
CREDIT CARD AUTHORIZATION FORM
2009-2010

THIS FORM MUST BE RENEWED EACH ACADEMIC YEAR

The undersigned hereby agrees that the Children At Play billing office may charge the monthly installment billing and other costs as incurred by the enrolled student(s) against the credit card number indicated below.

Student's Name(s): _____

School: _____

Phone Number _____

Credit Card Number: _____ - _____ - _____ - _____
(Visa, Mastercard, Discover)

Expiration Date: _____

Name as it appears on the card: _____
(Please Print)

Signature: _____

Please note: If the card expiration date is prior to the last billing of the academic year, it is your responsibility to provide the C.A.P./ J.A.Z Billing Office with updated information if you wish to continue in the program.

COMPLETE AND RETURN TO: Arlington Heights Park District
Attn: CAP Billing
410 N. Arlington Heights Road
Arlington Heights, IL 60004

OR FAX TO: 847/577-3050
ATTN: CAP BILLING