



CHILDREN AT PLAY  
MONTHLY INSTALLMENT BILLING  
CREDIT CARD AUTHORIZATION FORM  
2011-2012

**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 please provide the C.A.P. 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